

A S T E P B Y S T E P G U I D E

# Your Accident Prevention Program (APP)

*Requirements  
for Compliance with  
APP Core Rule  
and Tools for  
Establishing an  
APP that Goes  
Beyond Compliance*



Department of  
**LABOR AND  
INDUSTRIES**



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# Introduction

**W**ith few exceptions, all employers in Washington State are required to have an Accident Prevention Program (APP). Writing an APP is not difficult and with a little time and effort you will have a program that will save you money, prevent injuries and illnesses and put you in compliance with regulations.

We have provided sample APP documents and tools so that you can easily write your own APP. Every workplace has its own special hazards and work environment therefore your APP needs to be tailored to your business.

This guide was designed to make developing your own APP as simple as possible. It is divided into three sections. The first section explains what you must do to be in compliance with regulations. The second section shows you how to write a more comprehensive APP that will take you beyond compliance which will bring you the added benefits of increased safety awareness and probably fewer injuries and illnesses. This could lower your industrial insurance rates and save you money. The third section is filled with tools and templates that you can adapt to your needs.



## It's No "Accident"...

Most workplace illnesses and injuries are not due to "accidents". The term accident implies that the incident could not have been prevented, that it was no one's fault, that it was "just bad luck."

Unfortunately this attitude has led to the injury and death of thousands of workers. Through a systematic approach to recognizing and correcting workplace hazards, we can reduce workplace injuries and fatalities significantly.

Working together we can make sure that every worker in our state comes home healthy and safe every day.

Having an APP is your first step.

# Having an Accident Prevention Program is Good for Your Business

## It Saves Lives

On average, 110 workers in Washington State are killed each year in work-related incidents. In addition, over 220,000 injury and illness claims were reported.

*That's 110 families that lost a loved one to preventable incidents.*

These deaths and injuries resulted in pain and suffering, permanent disability, loss of jobs, loss of homes, family distress and economic disaster for the workers and their families and, often, their employer as well.

## It Saves Money

Injuries cost us all. In addition to the direct cost of an injury or illness, such as medical and time loss payments, there are hidden costs.

The hidden costs to your business can be immense: lost time by workers and supervisors, damaged equipment and product, loss of production, reduced employee morale, and the cost to train replacement workers.

The National Safety Council estimates that for every dollar of direct cost there are an additional \$4-\$10 in hidden costs.

*One serious work-related injury could put you out of business.*

Few or no injuries can lower your industrial insurance premium costs by lowering your Experience Factor (EF) Rating. See page 15 for details.

## It's the Law

All employers are required to have an Accident Prevention Program.

**The most frequently cited WISHA violation is for not having an Accident Prevention Program.**

This guide helps you avoid this common violation with little time and effort.



# Using This Guide Can Save You Time

**WISHA recognizes that employers are busy running their businesses. This guide is designed to save you time and effort in developing an Accident Prevention Program.**

## **We have provided you with:**

- information you need quickly for compliance or to develop an Accident Prevention Program that goes beyond compliance.
- ready-to-use samples of an Accident Prevention Program in outline or comprehensive formats.
- ready-to-modify industry-specific Accident Prevention Programs.
- ready-to-use forms you may need for your program.
- information about injury costs to help you decide what issues need attention first.
- various tools and templates you may need for your program.
- links to other useful information in electronic form.

**All information in this guide is on the CD.**

**How This Guide  
Can Help You**

NOTE: We have provided sample programs, forms, and templates for your convenience. You must make the necessary modifications so that they reflect the conditions in your workplace as required for compliance and program effectiveness.

# Your Choices of Action

Depending on your needs and priorities,  
this table will tell you where to get the information you need quickly:

If you need:	Click on Your Choice Below:
Assistance in starting a workplace safety program	* <b>4 Steps to Workplace Safety</b> on page 8
Assistance in complying with the APP Core Rule	* <b>Industry-Specific APP Development Guide</b> on page 7
Assistance in developing an APP that goes beyond compliance	* <b>Developing an APP that goes beyond compliance</b> on page 10
Help in determining if your program is effective, according to the APP Core Rule	* Turn to page 66
Sample of an APP in an <i>outline</i> form that complies with the rule.	* Turn to page 19
Sample of an APP that goes beyond compliance	* Turn to page 22
Resources	* Turn to page 11
Information on Industrial Insurance, Other Injury Costs, and Statistics	* Turn to page 12
Internet sources for other safety and health issues	* Turn to page 18

# Industry-Specific Accident Prevention Program Development Guide

To ensure that you are receiving the correct information for the industry in which you work, please take a moment to see if your industry is listed on the chart below.

If your industry is listed below, the requirements for an Accident Prevention Program may differ from the Core Rule. However, you may wish to use samples of similar requirements from this guide to assist you in writing an Accident Prevention Program.

If you work in this industry:	Click on your choice below
Agriculture	Page 71, WAC 296-307-030
Construction	Page 72, WAC 296-155-110
Firefighting	Page 74, WAC 296-305-01505
Logging	Page 75, WAC 296-54-515
Sawmills	Page 76, WAC 296-78-525
<b>All others</b>	Page 9, How to use the APP Compliance Guide Table

# 4 Steps to Workplace Safety and Health

## Step 1

### **Evaluate your workplace for safety and health.**

- What is your injury or illness rate?  
For comparison, what are the injury or illness rates of your industry statewide?
- What types of injuries and illnesses are you experiencing?  
What operations are involved in the injuries and illnesses?
- What is your Industrial Insurance premium rate?
- What WISHA regulations have you been found in violation of?

## Step 2

### **Determine what safety improvements you want to make.**

#### ***What changes do you need to make that will make a difference?***

- Establish safety goals.  
For example, reduce injury rates, premium rates or eliminate violations of safety standards.
- Make changes in those areas that will have the most impact on the safety and health of your employees.

## Step 3

### **Determine how to make the improvements.**

#### ***How will you make those changes?***

- We suggest a program approach to making the desired improvements as explained in this guide.
- You may obtain help from WISHA Consultation Services at no cost or from other sources, if needed.

## Step 4

### **Complete the activities for improving your program then measure your results.**

#### ***Act, then measure your results.***

- Complete the activities you need to achieve the desired improvements.
- Measure results to ensure that your improvement activities were successful.

# How to Use the Guide for an Accident Prevention Program *That Complies with the Rule\**

## Step 1

Read [Column A](#) of the Accident Prevention Program Compliance Guide on Page 80.

## Step 2

Read [Column B](#) for the general things you need to do or have to comply with the requirements in [Column A](#).

## Step 3

Use the suggested sample programs, tools, or templates in [Column C](#), depending on your needs.

***Important: These sample programs or tools must be tailored to your workplaces.***

Read in [Column C](#) links to other related Core Rules and do what is required to satisfy the compliance requirements. For example, the Accident Prevention Program requires procedure on the use and care of PPE. [Column C](#) reminds you to go to the PPE rule, WAC 296-800-160, to find out what needs to be done to comply.

**\* To be used with the WISHA Core Rule Book or CD**

# How to Use the Guide for an Accident Prevention Program *that goes Beyond Compliance*\*

## Step 1

Read the elements of an Accident Prevention Program that goes beyond compliance on Page 82.

## Step 2

Read the “As Demonstrated by” row. This row lists the things that should be in place to satisfy the elements under which they are placed.

## Step 3

Read the “Why This Element is Important” row, which explains the reasons why these elements are needed.

## Step 4

Use the suggested samples, tools, or templates in “Tools, sample programs...” row, depending on your needs.

***Important:***  
***These sample programs or tools must be tailored to your workplaces.***

To ensure that your Accident Prevention Program meets the Accident Prevention Program compliance requirements for your industry, you need to refer to page 7, Industry-specific Accident Prevention Program Development Guide and follow directions.

**\* To be used with the WISHA Core Rule Book or CD**

# Resource Pages

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The following pages contain information and tables to make it easy for you to write your own Accident Prevention Program. There are also links to forms that you can customize for your own business and industry-specific APP examples.

# Injury and Illness Costs and Statistics

## Could Your Business Survive?

**Y**ou have been in business for over five years now. Your company has grown from two employees to twelve, and you are doing well. This morning was no different than any other, except that today your best worker was severely injured when one of the machines unexpectedly jammed. Your worker suffered serious disabling injuries. Recovery will be long term and he will likely never be able to do his job again. *Now the true costs of an injury or illness start adding up...*

In addition to losing your best worker, the machine will be offline for weeks, not to mention the repair costs. The compliance officer who investigated the incident said the injury could have been avoided had the equipment been inspected and maintained regularly. He also informed you that you will be issued a citation for a serious violation and assessed a fine. You'll have to pay your other workers overtime to make up for being short-handed. Productivity drops, you can't fill your orders on time, and your customers start taking their business elsewhere.....Could your business survive this scenario?

As an employer, you know that running a business is no easy matter. You must make the most effective use of your expenditures, time, production processes, and workers. A small mistake or error in judgment could cost you and your business.

*We know employers like you place a high value on the well-being of your employees. Nobody wants injuries or illnesses to happen in his or her business. Injuries and deaths are no-win situations.*

## What are the True Costs of Injuries and Illnesses?

As an employer, you know that running a business is no easy matter. As a small business owner in particular, you take risks and face many challenges that you must overcome to run your business and succeed. You may not have had any serious incidents or significant losses from work-related injuries or illnesses at your work place so far; this is true in most small businesses. Why should you worry about it now? **Because one incident could cost you plenty.**

*The information on the following pages shows how much workplace injuries and illnesses really cost you and your employees and show what you can do to cut your costs.*



# Why You Need An Accident Prevention Program

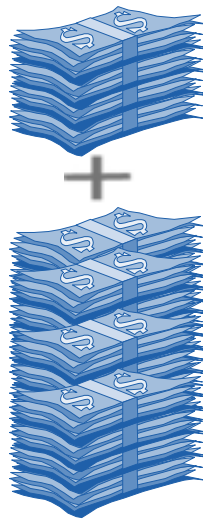
## The Human Impact

From 1995 to 1999, an average of 110 men and women ***per year*** lost their lives from work-related injuries in Washington State. Additionally, over 220,000 injury and illness claims were reported. These resulted in pain and suffering and may have caused permanent disability, loss of job, loss of home, family distress, and economic losses.



## The Economic Impact

For every dollar of direct costs, the National Safety Council estimates an additional \$4 – \$10 of hidden costs.



**REAL COSTS**

### Direct Costs:


- Medical Payments
- Time Loss Payments

### Hidden Costs:

- Lost Time by Workers & Supervisors
- Damaged Equipment & Product
- Loss of Production
- Reduced Morale
- Cost to Train Replacement

## Cost To Employees

Besides the pain and suffering that injured employees experience, they also share in paying the employer's premium costs. A worker for an employer with a poor safety record will contribute more industrial insurance premiums than a counterpart at a company with a good safety record.



**The Premium Cost for a Roofer Rises from \$1185 per Year to \$2306 per Year When Your Experience Factor Rises from 1.0 (base) to 2.0**  
(based on 2001 rates for roof work (0507))



**The Most Frequently Cited Standards Were Violations of Accident Prevention Program Rules and Requirements.**

## Other Costs Can Come From Fines for Violations of WISHA Standards

Between October 1995 and September 2000, the most frequently cited standards were attributed to violations in Construction Accident Prevention Program Rules and Accident Prevention Program Requirements.

**The Bottom Line is This: Fewer injuries mean less worker pain and suffering *AND* increased productivity and profitability**

# Controlling Your Industrial Insurance Premium Costs

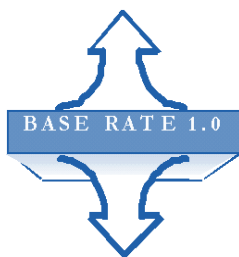
## What You Can Control

Most businesses are insured for workers' compensation through the Washington State Fund, managed by the Department of Labor and Industries' Insurance Services Division. If you have an effective accident prevention program, you could be paying lower premium costs. How? Your industrial insurance premium is calculated based on several factors, including your experience factor, which *you can control*.

### What is an Experience Factor?

It is the number that indicates how your company's claims experience (how many accidents you have and how much they cost) compares to others in your industry. It is used to modify the premium rate you pay into the State Fund to cover workers' compensation claims costs.

### Premiums are determined by your Experience Factor (EF)



New businesses normally pay the "base" premium rate, which is set at 1.0. The base rate reflects the risk of workplace injury or disease in specific industries as a whole, for each risk classification. After a business has established its own accident experience record, the premium will be "experience-rated." This means that your premium may be increased or decreased from the current base rate *based on your company's actual accident history*. The higher your claims costs, the higher your experience factor will be, and the more money you will pay in industrial insurance premiums. You can manage your experience factor rating by having a good accident history through an effective accident prevention program.

Each year you receive a rate notice that includes the experience factor rating for your business and how much you'll pay for your business ("Your Rate" on the sample below). As shown on the rate notice below, your premium rate (per hour), or "composite rate," is determined by multiplying your experience factor (EF) by the sum of the accident fund and medical aid base rates, then adding in the supplemental pension assessment:

### RATE NOTICE

CLASS CODE	DESCRIPTION	EXPERIENCE FACTOR EF X	ACCIDENT FUND (AF) +	MED. AID FUND (MA) +	SUPP. PENSION SP =	YOUR RATE	PAYROLL DEDUCTION
9999	Widget Mfg	.5000	.6000	.4000	.0472	.5472	.12360

**SAMPLE**

Note: The last column in the rate notice, "Payroll Deduction". This is what employees may pay towards industrial insurance costs, usually deducted by the employer from the paychecks.

## Here's How the Premium or Composite Rate is Calculated:

**Experience Factor** x ( **Accident Fund Rate** + **Medical Fund Rate** ) + **Supplemental Pension Assessment** = **"Composite Rate"**

The **Accident Fund rate** and **Medical Fund rate** are based on the risk classification; the Supplemental Pension Assessment rate is the same for all risk classifications.

Employees may share in part of the premium costs, deducted by the Employer.

## Here's How the Premium Cost is Calculated:

**Hourly Premium or Composite Rate** x **Total Worker Hours** = **Premium Cost**

The total industrial insurance premium cost for your business is the sum of all the risk class premium costs. Employees are also rewarded by a lower experience factor rating.

Remember from the previous section that employees share in part of the premium costs, usually deducted by the employer from their paychecks. The employees' contribution to the premium costs is calculated as follows:

$$\text{Payroll Deduction Per Hour} = \frac{\text{Experience Factor} \times \text{Medical Aid Fund Rate} + \text{Supplemental Pension Assessment}}{2}$$

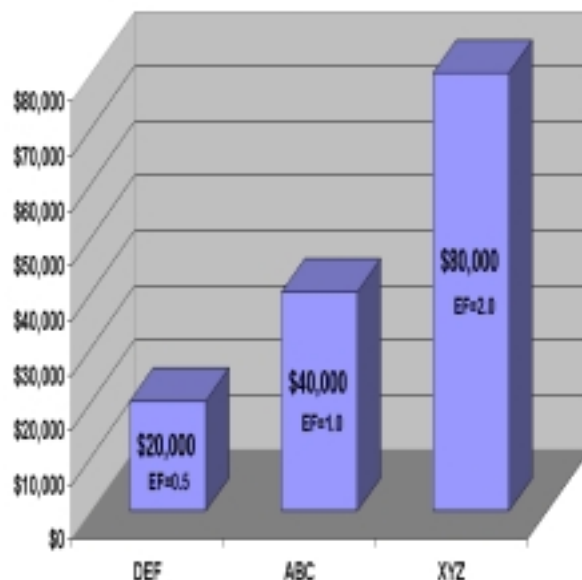
**The Bottom Line is this:** Employers with claims costs lower than expected, have premium rates reduced from base rates. **The lower the experience factor, the more you save.**

See the examples on the following pages on how you can save on your insurance costs.

# Examples of Cost Savings

The following example shows how three different companies in the same business can have significantly different premiums, based on their experience factors:

- A new company (ABC Co.) has no experience with on-the-job injuries. So it automatically gets an experience factor of 1.0. That means a new company, or one with average claims costs, pays the base rate for the industry.
- Another company (DEF Co.) with a better-than-average accident record is rewarded with a lower experience factor, say 0.5, for example. When this experience factor is multiplied into the equation, it brings down the premium by about 50 percent, or only half of the basic rate. Thus, companies with good safety records and sound claims management programs are rewarded with lower industrial insurance premiums.
- A third company (XYZ Co.) has had a history of incidents. Because of its high claims costs, it has a high experience factor, perhaps as high as 2.0 or more. This company's injuries and illnesses and medical fund premiums will be two times higher than those of a company at base rate.



**Annual Accident & Medical Aid  
20 Workers, \$1 per Hour Base**

## Injuries will affect your industrial insurance premiums for several years

Your company's current experience factor is calculated at the beginning of each year on the basis of your claims track record during a rolling three-year window. **For example:**

Claims with a date-of-injury between	Impacts an employer's rates for the (calendar) years
7/1/1998 – 6/30/1999	2001,2002,2003
7/1/1999 – 6/30/2000	2002,2003,2004
7/1/2000 – 6/30/2001	2003,2004,2005

Because your industrial insurance premiums are based on your accident history, you can work to control them. It makes the most sense to focus your efforts on preventing future injuries and industrial insurance claims.

***What you do – or don't do – about injury prevention will affect your company's premiums and profits for years to come.***

## Be more competitive when bidding for projects by lowering your Experience Factor

When it comes time to select from among a pool of bidders for a major project, the business with the lowest experience factor has an edge in winning the contract. Why? It presents the lowest risk. No one wants to hire an "incident prone" company where work stoppage delays due to injuries are more likely to occur. And, with a lower experience factor, your workers' compensation premium will be less – this gives you more flexibility on your bid.

# Where to Find Information on the Internet

This Information	Can be found in these Sites:
Monetary penalties for the most frequently cited standards for your industry. (Note: For Washington state statistics, select "Washington" in the Federal or State Jurisdiction menu box. WISHA is referred to as "Washington OSHA" on the web page.)	<a href="http://www.osha.gov/oshstats/std1.html">http://www.osha.gov/oshstats/std1.html</a>
Help from L&I's Insurance Services for suggestions on ways to minimize your industrial insurance costs.	<a href="http://www.lni.wa.gov/retro/Default.htm">http://www.lni.wa.gov/retro/Default.htm</a>
Industry-specific information, including claims information; experience factor ratings; and number of injuries and cost of claims based on the nature, type, or source of the injury, etc.	<a href="http://www.lni.wa.gov/prs/DataAnalysis/daweb.htm">http://www.lni.wa.gov/prs/DataAnalysis/daweb.htm</a>
Industrial Insurance premium rates and classifications, experience ratings, and other resources for employers.	<a href="http://www.lni.wa.gov/insurance/employers.htm">http://www.lni.wa.gov/insurance/employers.htm</a>
For free individualized, no cost assistance on ways to reduce your industrial insurance claims costs from L&I's Risk Management Services consultants .	<a href="http://www.lni.wa.gov/home/direct.htm">http://www.lni.wa.gov/home/direct.htm</a>
Descriptions of workplace fatalities.	<a href="http://www.lni.wa.gov/wisha/topics/fataliti.htm">http://www.lni.wa.gov/wisha/topics/fataliti.htm</a>
Washington's Bureau of Labor Statistics data on fatal and nonfatal occupational injuries and illnesses by industry (SIC code), occupation, or division.	<a href="http://www.lni.wa.gov/prs/blsi/blsihome.html">http://www.lni.wa.gov/prs/blsi/blsihome.html</a>
Fatality Assessment and Control Evaluation (FACE) Program fatal accident investigations.	<a href="http://www.lni.wa.gov/sharp/face/dathome.htm">http://www.lni.wa.gov/sharp/face/dathome.htm</a>
The L&I videotape library for a variety of safety and health videotapes.	<a href="http://www.lni.wa.gov/wisha/videocat/index.htm">http://www.lni.wa.gov/wisha/videocat/index.htm</a>
Employers can also check information about classification and rates as well as employee claims via the automated claims information line: (800) 831-5227.	
For help with your Accident Prevention Program, contact your local L&I WISHA Services Safety and Health Consultants. They can also offer you individualized assistance at no cost.	
WISHA Homepage for current Rules and Regulations and other helpful safety and health information	<a href="http://www.lni.wa.gov/wisha">http://www.lni.wa.gov/wisha</a>



# Accident Prevention Program

[Click Here For an APP You Can Modify](#)

Outline Format

## Accident Prevention Program

*XYZ Corporation*

**You may follow this outline, however it is provided as an example only.  
You must tailor your own Accident Prevention Program.**

**Element 1- Safety Orientation** Each employee will be given a safety orientation by his/her immediate supervisor<sup>1</sup> when first hired. The orientation will cover the following items:

### 1. A description of the accident prevention program:

- We have a formal written accident prevention program as described in WISHA regulations ([WAC 296-800-140](#)).
- It consists of this safety orientation and a safety committee that is described in Element 2.
- We also have basic safety rules<sup>2</sup> that all employees must follow. They are:
- Never do anything that is unsafe in order to get the job done.
- If a job is unsafe, report it to your supervisor or safety committee representative. We will find a safer way to do that job.
- Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
- Never operate a piece of equipment unless you have been trained and are authorized to use it.
- Use your personal protective equipment whenever it is required.
- Obey all safety warning signs.
- Working under the influence of alcohol or illegal drugs or using them at work is prohibited and may be grounds for dismissal.
- Do not bring firearms or explosives onto company property.
- Smoking is only permitted outside the building away from any entry or ventilation intake.
- Horseplay, running and fighting are prohibited
- Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent injuries.

### 2. How and when to report injuries. Where first aid facilities are located.

- If you are injured or become ill on the job, report this to your supervisor or an available manager immediately.<sup>3</sup>
- There is a first aid kit in the shop on the wall next to the time clock.
- There is also a first aid kit in each company vehicle in the glove box.<sup>4</sup>
- We require all supervisors to have first-aid/CPR training.<sup>5</sup>
- We have also posted emergency phone numbers next to all telephones.<sup>6</sup>

### 3. How to report unsafe conditions and practices.

- If you see something that is unsafe or someone working in an unsafe manner, immediately report it to the supervisor<sup>7</sup> of that area, your own supervisor, or to a member of the safety committee.

### 4. What to do in an emergency including how to exit the workplace.

- An evacuation map for the building is posted on the wall in the lunch room. It shows the location of exits, fire extinguishers, first aid kits, and where to assemble outside (North parking lot).<sup>8</sup>

<sup>1</sup> Tailored to specify who has responsibility to give the orientation.

<sup>2</sup> Tailored to add specific company safety rules.

<sup>3</sup> Tailored to specify to whom the employee should report injuries to.

<sup>4</sup> Tailored to specify where the first aid supplies component of first aid facilities are located.

<sup>5</sup> Tailored to specify availability of the first aid provider component of first aid facilities.

<sup>6</sup> Tailored to specify means of calling for first aid assistance.

<sup>7</sup> Tailored to specify who an employee reports a hazard to.

<sup>8</sup> Tailored to specify the location of exits and an assembly point after an evacuation.

Continues

### Fire Emergency

- You will be trained on how to use a fire extinguisher as part of this orientation.  
If you discover a fire: <sup>9</sup> Tell another person immediately. Call or have them call 911 and a supervisor.  
If the fire is small (such as a wastebasket fire) and there is minimal smoke, you may try to put it out with a fire extinguisher. If the fire grows or there is thick smoke, do not continue to fight the fire.  
Tell other employees in the area to evacuate. Go to the designated assembly point outside the building.

### Earthquake Emergency

During an earthquake: If you are inside a building:

- Drop under a desk or table, cover your head and hold on. Stay away from windows, heavy cabinets, bookcases or glass dividers.
- When the shaking stops, supervisors are to check for damage and available evacuation routes then begin an evacuation of their area to the designated assembly location.
- Evacuation should proceed as quickly as possible since there may be aftershocks.
- Supervisors must account for each employee in their work group as quickly as possible.
- First aid certified employees should check for injuries and help evacuate injured employees.  
Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- If you smell gas, tell a supervisor to turn off the gas at the main. Open windows. A wrench is available at the rear entrance to turn the gas shut-off outside the building. All supervisors are trained in the gas shut off procedure.<sup>10</sup>
- Supervisors and first aid employees must not re-enter the building once evacuation is complete.
- Do not approach or touch downed power lines or objects touched by downed power lines.
- Do not use the phone except for emergency use.
- Turn on a radio and listen for public safety instructions.

If you are outside: Stand away from buildings, trees, telephone and electric lines.

If you are on the road: Drive away from underpasses/overpasses. Stop in a safe area. Stay in the vehicle.

### 5. Identification of hazardous chemicals used at this location.

- Safe use and emergency actions to take following an accidental exposure.
- We use several chemicals, including solvents and cleaners. You will receive a separate orientation as part of our chemical hazard communication program on the hazards of these chemicals before you work with them or work in an area where they are used.

### 6. Use and care of required personal protective equipment (PPE).<sup>11</sup>

- Some tasks in our company require an employee to wear PPE to protect against injury.
- We require ANSI “Z87” marked safety glasses where there is a danger of flying materials. For some operations, a full face shield is required to be worn over the safety glasses.
- We require ANSI “Z89.1” marked hard hats where there is a danger of being struck by swinging or falling materials.
- Item 7 below explains what tasks require the use of which PPE.
- You will be instructed by your supervisor<sup>12</sup> on how to use and care for these PPE using the manufacturer’s instructions (attached to this program).

### 7. The training you need to perform your job safely.

- Before you are first assigned a task, your supervisor<sup>13</sup> will show you what to do along with safety instructions and required PPE.
- We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task listed below.
- Do not use equipment or attempt to do any of these tasks until you have received the required training and PPE.

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<sup>9</sup> Tailored to specify limits of employee involvement in fire fighting and provide specific evacuation instructions.

<sup>10</sup> Tailored to specify emergency procedures (such as location of emergency shut-off) and assign responsibility for this task.

<sup>11</sup> Tailored to specify what types of PPE are required in this facility and incorporate manufacturer’s instructions for use and care into the program.

<sup>12</sup> Tailored to assign responsibility for providing this training to the supervisor.

<sup>13</sup> Tailored to assign responsibility for providing this training to the supervisor.



**Element 2-Safety Committee** (required for employers with 11 or more employees)

- Our committee will have from one to three, management designated representatives and will have one employee-elected representative each, from the office, the factory and the outside sales divisions of our company.<sup>15</sup>
- Employees in each division will elect from among themselves a representative to be on the committee<sup>16</sup>
- The safety committee members will elect a chairperson.
- The regularly scheduled meeting is the first Thursday of each month. This may be changed by vote of the committee<sup>17</sup>
- A committee member will be selected each month to keep minutes.<sup>18</sup> OR

**Employee Safety Meetings** (employers with 10 or fewer employees **OR** employers with 11 or more employees who are segregated on different shifts or work in widely dispersed locations in crews of 10 or fewer may elect to have safety meetings instead of a committee).

- They are typically held on the first Thursday of the month.<sup>19</sup>
- All employees are required to attend.
- The leader of the meeting will designate a person to document attendance and the topics discussed.<sup>20</sup>

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<sup>15</sup>Tailored to specify committee composition.

<sup>16</sup>Tailored to specify how members are elected (by the unit rather than at large).

<sup>17</sup>Tailored to specify the meeting frequency and usual date.

<sup>18</sup>Tailored to assign responsibility for keeping minutes.

<sup>19</sup>Tailored to specify usual meeting date.

<sup>20</sup>Tailored to assign responsibility for keeping attendance

# Accident Prevention Program

Beyond Compliance

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## Accident Prevention Program

*XYZ Corporation*

**You may follow this example, however it is provided as a sample format only.  
You must tailor your own Accident Prevention Program.**

### Management Commitment

#### Safety Policy

XYZ Inc. places a high value on the health and safety of its employees. XYZ Inc. is committed to providing a safe and healthful workplace for all employees and has developed this program for injury prevention to involve management, supervisors, and employees in identifying and eliminating hazards that may develop during our work process.

It is the basic safety policy of this company that no task is so important that an employee must violate a safety rule or take a risk of injury or illness in order to get the job done.

Employees are required to comply with all company safety rules and are encouraged to actively participate in identifying ways to make our company a safer place to work.

Supervisors are responsible for the health and safety of their employees and as a part of their daily duties must check the workplace for unsafe conditions, watch employees for unsafe actions and take prompt action to eliminate any hazards.

Management will do its part by devoting the resources necessary to form a safety committee composed of management and elected employees. We will develop a system for identifying and correcting hazards. We will plan for foreseeable emergencies. We will provide initial and ongoing training for employees and supervisors. And, we will establish a disciplinary policy to insure that company safety policies are followed.

***Safety is a team effort – Let us all work together to keep this a safe and healthy workplace.***

### Safety and Health Responsibilities

#### Manager Responsibilities

1. Ensure that a plant wide safety committee is formed and is carrying out its responsibilities as described in this program.
2. Ensure that sufficient employee time, supervisor support, and funds are budgeted for safety equipment, training and to carry out the safety program.
3. Evaluate supervisors each year to make sure they are carrying out their responsibilities as described in this program.
4. Ensure that all incidents are fully investigated and corrective action taken to prevent the hazardous conditions or behaviors from happening again.
5. Ensure that a record of injuries and illnesses is maintained and posted as described in this program.
6. Set a good example by following established safety rules and attending required training.
7. Report unsafe practices or conditions to the supervisor of the area where the hazard was observed.

### Supervisor Responsibilities:

1. Ensure that each employee you supervise has received an initial orientation *before* beginning work.
2. Ensure that each employee you supervise is competent or receives training on safe operation of equipment or tasks *before* starting work on that equipment or project.
3. Ensure that each employee receives required personal protective equipment (PPE) *before* starting work on a project requiring PPE.
4. Do a daily walk-around safety-check of the work area. Promptly correct any hazards you find.
5. Observe the employees you supervise working. Promptly correct any unsafe behavior. Provide training and take corrective action as necessary. Document employee evaluations.
6. Set a good example for employees by following safety rules and attending required training.
7. Investigate all incidents in your area and report your findings to management.
8. Talk to management about changes to work practices or equipment that will improve employee safety.

### Employee Responsibilities

1. Follow safety rules described in this program, WISHA safety standards and training you receive.
2. Report unsafe conditions or actions to your supervisor or safety committee representative promptly.
3. Report all injuries to your supervisor promptly regardless of how serious.
4. Report all near-miss incidents to your supervisor promptly.
5. Always use personal protective equipment (PPE) in good working condition where it is required.
6. Do not remove or defeat any safety device or safeguard provided for employee protection.
7. Encourage co-workers by your words and example to use safe work practices on the job.
8. Make suggestions to your supervisor, safety committee representative or management about changes you believe will improve employee safety.

### Employee Participation

#### Safety Committee (required for employers with 11 or more employees)

We have formed a safety committee to help employees and management work together to identify safety problems, develop solutions, review incident reports and evaluate the effectiveness of our safety program. The committee is made up of management-designated representatives and one employee-elected representative each from the office, factory and outside sales divisions of our company.

- Employees in each division will elect from among themselves a representative to be on the committee. If there is only one volunteer or nomination, the employees will approve the person by voice vote at a short meeting called for that purpose. If there is more than one volunteer or nomination, a secret paper ballot will be used to elect the representative.
- Elected representatives will serve for one year before being re-elected or replaced. If there is a vacancy, an election will be held before the next scheduled meeting to fill the balance of the term.
- In addition to the employee-elected representatives, management will designate no more than three representatives but a minimum of one who will serve until replaced by management.
- A chairperson will be selected by majority vote of the committee members each year. If there is a vacancy, the same method will be used to select a replacement.
- In addition to the committee responsibilities explained above, duties of safety committee members include:
  - A monthly self-inspection of the area they represent
  - Communicating with the employees they represent on safety issues and
  - Encouraging safe work practices among co-workers.

- The regularly scheduled meeting time is 7:30 am for one hour on the first Thursday of each month, at the employee lunchroom. This may be changed by vote of the committee.

- A committee member will be designated each month to keep minutes on the attached minutes form. A copy will be posted on the employee bulletin board after each meeting. After being posted for one month, the minutes will be filed for one year. The minutes form contains the basic monthly meeting agenda.

**Employee Safety Meetings** (Employers with 10 or fewer employees **OR** employers with 11 employees who are segregated on different shifts or work in widely dispersed locations in crews of 10 or fewer may elect to have safety meetings instead of a committee)

All employees are required to attend a monthly safety meeting held on the first Thursday of each month in the lunchroom. This meeting is to help identify safety problems, develop solutions, review incident reports, provide training and evaluate the effectiveness of our safety program. Minutes will be kept on the attached minutes form. Meeting minutes will be kept on file for one year.

**If you work on a construction job site**, you can use the format below to meet the requirement for weekly meetings and a weekly walk-around safety inspection. More frequent meetings are necessary because conditions on a construction site change rapidly as the work progresses.

### **Crew-Leader Safety Meeting**

Before the beginning of each construction job and weekly thereafter on Tuesdays at 7:00 am, the project foreman will hold a safety meeting at the job shack. All XYZ company employees assigned to the project must attend! We will use this time to:

- Go over the results of the weekly site safety inspection conducted on the previous Monday by the foreman and an employee selected by other XYZ company employees on site,
- Review any incidents that happened during the previous week to help eliminate unsafe acts or conditions,
- Review the results of any recent WISHA inspections,
- Discuss safety issues of concern to employees or management and
- Provide training on relevant topics to increase the crew's safety consciousness.

We will keep minutes of the meeting on the attached form. They will be posted for a week and then placed in a binder at the job shack. At the end of the project, we will keep them on file at our main office for one year.

### **Hazard Recognition**

#### **Recordkeeping and Review**

Employees are required to report any injury or work related illness to their immediate supervisor regardless of how serious. Minor injuries such as cuts and scrapes can be entered on the minor injury log posted on each first aid kit. The employee must use an "Employee's Report of an Injury/Illness" form to report more serious injuries.

#### **The supervisor will:**

- Investigate a serious injury or illness using procedures in the "Incident Investigation" section below.
- Complete an "Incident Investigation Report" form.
- Give the "Employee's Report" and the "Incident Investigation Report" to the bookkeeper.

#### **The bookkeeper will:**

- Determine from the Employee's Report, Incident Investigation Report and any L&I claim form associated with the incident whether it must be recorded on OSHA Injury and Illness Log and Summary according to the instructions for that form.

- Enter a recordable incident within six days after the company becomes aware of it.
- If the injury is not recorded on the OSHA log, add it to a separate incident report log, which is used to record non-OSHA recordable injuries and near misses.
- Each month before the scheduled safety committee meeting, make any new incident reports and investigations available to the safety committee for review, along with an updated OSHA and incident report log.

The safety committee will review the log for trends and may decide to conduct a separate investigation of any incident.

The bookkeeper will post a signed copy of the OSHA log summary for the previous year on the safety bulletin board each February 1 until April 30. The log will be kept on file for at least 5 years. Any employee can view an OSHA log upon request at any time during the year.

## Incident Investigation

### Incident Investigation Procedure

If an employee dies while working or is not expected to survive, or when two or more employees are admitted to a hospital as a result of an incident, a representative from management will contact the Department of Labor and Industries within 8 hours after becoming aware of the incident. During weekends and evenings, the toll-free notification number is: 1-800-321-6742. Unless you leave a message on the fatality line at the toll-free notification number, management must talk with a representative of the department. Fax and messages on other department answering machines are not acceptable. Management must report: the employer name, location and time of the incident, number of employees involved, the extent of injuries or illness, a brief description of what happened and the name and phone number of a contact person.

- **DO NOT DISTURB the scene except to aid in rescue or make the scene safe.**

Whenever there is an incident that results in death or serious injuries that have immediate symptoms, a preliminary investigation will be conducted by the immediate supervisor of the injured person(s), a person designated by management, an employee representative of the safety committee, and any other persons whose expertise would help the investigation.

The investigation team will take written statements from witnesses and photograph the incident scene and equipment involved. The team will also document as soon as possible after the incident, the condition of equipment and anything else in the work area that may be relevant. The team will make a written "Incident Investigation Report" of its findings. The report will include a sequence of events leading up to the incident, conclusions about the incident and any recommendations to prevent a similar incident in the future. The report will be reviewed by the safety committee at its next regularly scheduled meeting.

When a supervisor becomes aware of an employee injury where the injury was not serious enough to warrant a team investigation as described above, the supervisor will write an "Incident Investigation Report" to accompany the "Employee's Report of an Injury/Illness" and forward them to the bookkeeper.

Whenever there is an incident that did not, but could have, resulted in serious injury to an employee, the incident will be investigated by the supervisor or a team depending on the seriousness of the injury that would have occurred. The "Incident Investigation Report" form will be used to investigate the incident. The form will be clearly marked to indicate that it was a non-injury incident. The report will be forwarded to the bookkeeper to record on the incident log.

An "Incident Investigation Checklist" form can be found on page 38 to help the supervisor carry out his/her responsibilities as described above.

## Safety Inspection Procedures

XYZ Company is committed to aggressively identifying hazardous conditions and practices that are likely to result in injury or illness to employees. We will take prompt action to eliminate any hazards we find. In addition to reviewing injury records and investigating incidents for their causes, management and the safety committee will regularly check the workplace for hazards as described below:

*Annual Site Survey* — Once a year an inspection team made up of members of the safety committee will do a wall-to-wall walk through inspection of the entire worksite. They will write down any safety hazards or potential hazards they find. The results of this inspection will be used to eliminate or control obvious hazards, target specific work areas for more intensive investigation, assist in revising the checklists used during regular monthly safety inspections and as part of the annual review of the effectiveness of our accident prevention program.

*Periodic Change Survey* — We will assign a supervisor or form a team to look at any changes we make to identify safety issues. Changes include new equipment, changes to production processes or a change to the building structure. A team is made up of maintenance, production, and safety committee representatives. It examines the changed conditions and makes recommendations to eliminate or control any hazards that were or may be created as a result of the change.

*Monthly Safety Inspection* — Each month, before the regularly scheduled safety committee meeting, safety committee representatives will inspect their areas for hazards using the standard safety inspection checklist. They will talk to co-workers about their safety concerns. Committee members will report any hazards or concerns to the whole committee for consideration. The results of the area inspection and any action taken will be posted in the affected area. Occasionally, committee representatives may agree to inspect each other's area rather than their own. This brings a fresh pair of eyes to look for hazards.

*Job Hazard Analysis* — As a part of our on going safety program, we will use a "Job Hazard Analysis" form to look at each type of job task our employees do. This analysis will be done by the supervisor of that job task or a member of the safety committee. We will change how the job is done, as needed, to eliminate or control any hazards. We will also check to see if the employee needs to use personal protective equipment (PPE) while doing the job. Employees will be trained in the revised operation and to use any required PPE. The results will be reported to the safety committee. Each job task will be analyzed at least once every two years, whenever there is a change in how the task is done, or if there is a serious injury while doing the task.

## Hazard Prevention and Control

### Eliminating Workplace Hazards

XYZ company is committed to eliminating or controlling workplace hazards that could cause injury or illness to our employees. We will meet the requirements of state safety standards where there are specific rules about a hazard or potential hazard in our workplace. Whenever possible we will design our facilities and equipment to eliminate employee exposure to hazards. Where these engineering controls are not possible, we will write work rules that effectively prevent employee exposure to the hazard. When the above methods of control are not possible or are not fully effective we will require employees to use personal protective equipment (PPE) such as safety glasses, hearing protection, foot protection etc.

### Basic Safety Rules

The following basic safety rules have been established to help make our company a safe and efficient place to work. These rules are in addition to safety rules that must be followed when doing particular jobs or operating certain equipment. Those rules are listed elsewhere in this program. Failure to comply with these rules will result in disciplinary action.

- Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or safety

committee representative. We will find a safer way to do that job.

- Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
- Never operate a piece of equipment unless you have been trained and are authorized.
- Use your personal protective equipment whenever it is required.
- Obey all safety warning signs.
- Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
- Do not bring firearms or explosives onto company property.
- Smoking is only permitted outside the building away from any entry or ventilation intake.
- Horseplay, running and fighting are prohibited
- Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent injuries.

### Job Related Safety Rules

We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task listed below:

**Work in or pass through any production area, for example:** the Machine shop or Paint shop

*Required PPE:*

- Safety glasses. Check prior to use for broken or missing components (such as side shields) and for scratched lenses. Safety glasses must have a "Z87.1" marking on the frame. If they are prescription glasses, the initials of the lens manufacturer must be stamped into the corner of the lens to show that they are safety glass lenses.

*Work Rules:*

- Walk within marked aisles.
- Do not distract or talk with employees when they are using a machine.

**Work with Bench Grinders:** Machine shop

*Required PPE:*

Eye protection (full face shield with safety glasses under the shield).

*Work Rules:*

- Check that there is a gap between the tool rest and the wheel of no more than 1/8".
- Check that the upper wheel (tongue) guard has a gap of no more than 1/4".
- Check that the wheel edge is not excessively grooved. Dress the wheel if necessary.
- Do not grind on the face of the wheel.

**Work with Ladders:** All locations*Required PPE:*

- Full body harness when working at greater than 25' and both hands must be used to do the job.

*Work Rules:*

- Before you use a ladder check it for defects such as loose joints, grease on steps, or missing rubber feet.
- Do not paint a ladder! You may hide a defect.
- Do not use a ladder as a brace, workbench or for any other purpose than climbing.
- Do not carry objects up or down a ladder if it will prevent you from using both hands to climb.
- Always face the ladder when climbing up or down.
- If you must place a ladder at a doorway, barricade the door to prevent its use and post a sign.
- Only one person is allowed on a ladder at a time.
- Always keep both feet on the ladder rungs except while climbing. Do not step sideways from an unsecured ladder onto another object.
- If you use a ladder to get to a roof or platform, the ladder must extend at least 3' above the landing and be secured at the top and bottom.
- Do not lean a step ladder against a wall and use it as a single ladder. Always unfold the ladder and lock the spreaders.
- Do not stand on the top step of a step ladder.
- Set a single or extension ladder with the base 1/4 of the working ladder length away from the support.

**Lifting Tasks:** All locations*Required PPE:*

- Leather gloves – for sharp objects or surfaces
- Steel toe safety shoes in production and shipping areas (to be supplied by the employee) must be in good condition and be marked "ANSI Z41 C - 75"

*Work Rules:*

- Consult your supervisor about lifting limits in your department.
  - Use a mechanical device such as a forklift, hoist, hand truck or elevatable table whenever possible to do the lift or to bring the load up between the knees and waist before you lift.
  - Break the load down into smaller components if possible to provide a comfortable lift.
  - Do not lift on slippery surfaces.
  - Test the load before doing the lift.
  - Get help if the load is too heavy or awkward to lift alone.
  - Make sure you have a good handhold on the load.
  - Do not jerk the load or speed up while lifting. Lift the load in a smooth and controlled manner.
  - Do not twist while lifting (especially with a heavy load). Turn and take a step.
  - Keep the load close to the body. Walk as close as possible to the load. Pull the load towards you before lifting if necessary.
  - Avoid long forward reaches to lift over an obstruction.
  - Avoid bending your back backwards to loft or place items above your shoulder. Use a step stool or platform
  - Do not lift while in an awkward position.
  - Back injury claims are painful for the worker and expensive for the company. Lift safely!
- The signatures below document that the employee received training on how to lift safely.

Employee: \_\_\_\_\_ Training Date: \_\_\_\_\_

Trainer: \_\_\_\_\_



## Disciplinary Policy

Employees are expected to use good judgment when doing their work and to follow established safety rules. We have established a disciplinary policy to provide appropriate consequences for failure to follow safety rules. This policy is designed not so much to punish as to bring unacceptable behavior to the employee's attention in a way that the employee will be motivated to make corrections. The following consequences apply to the violation of the same rule or the same unacceptable behavior:

First Instance— verbal warning, notation in employee file, and instruction on proper actions

Second Instance— 1 day suspension, written reprimand, and instruction on proper actions

Third Instance— 1 week suspension, written reprimand, and instruction on proper actions

Fourth Instance— Termination of employment.

An employee may be subject to immediate termination when a safety violation places the employee or co-workers at risk of permanent disability or death.

## Equipment Maintenance

The following departments have machinery and equipment that must be inspected or serviced on a routine basis. A checklist/record to document the maintenance items will be maintained and kept on file for the life of the equipment.

### Machine shop

Equipment	Interval	Location of record
Ederer 20 ton Crane	Monthly	Maintenance file cabinet
Omahda press brake	Weekly	Folder attached to the press

### Vehicles

Equipment	Interval	Location of record
1986 Toyota Forklift A68710*	Daily	File cabinet in the garage
1992 Ford Taurus LST385	Monthly	Vehicle glove box

\*Forklifts are required to be examined daily prior to being placed into service or after each shift if used on a round-the-clock basis.

## Emergency Planning

### What will we do in an emergency?

#### In case of fire

An evacuation map for the building is posted on the wall in the lunch room. It shows the location of exits, fire extinguishers, first aid kits, and where to assemble outside (north parking lot). A copy of the map is attached to this program. All employees will receive training on how to use fire extinguishers as part of their initial orientation. A fire evacuation drill will be conducted once a year during the first week of April.

- If you discover a fire: Tell another person immediately. Call or have them call 911 and a supervisor.
- If the fire is small (such as a wastebasket fire) and there is minimal smoke, you may try to put it out with a fire extinguisher.
- If the fire grows or there is thick smoke, do not continue to fight the fire.
- Tell other employees in the area to evacuate.
- Go to the designated assembly point outside the building. (north parking lot)
- If you are a supervisor notified of a fire in your area: Tell your employees to evacuate to the designated assembly location. Check that all employees have been evacuated from your area.
- Verify that 911 has been called.
- Determine if the fire has been extinguished. If the fire has grown or there is thick smoke, evacuate any employees trying to fight the fire.
- Tell supervisors in other areas to evacuate the building.
- Go to the designated assembly point and check that all your employees are accounted for. If an employee is missing, *do not* re-enter the building!
- Notify the responding fire personnel that an employee is missing and may be inside.

## In case of earthquake

The west coast of the United States is subject to earthquakes. There will be no advance warning. The shock will be your only warning. Because there are power lines over the north parking lot, the south parking lot is the designated assembly location for earthquake evacuation. We have bolted tall narrow storage racks to the floors, walls or to each other to provide a wide base to help reduce the potential for collapse. A wrench is available at the rear entrance to turn off the gas shut-off outside the building. All supervisors will be trained in the gas shut off procedure. An earthquake drill will be conducted each year during the first week of September. In the event of an earthquake:

If you are inside a building:

- Drop under a desk or table, cover your head and hold on. Stay away from windows, heavy cabinets, bookcases or glass dividers.
- When the shaking stops, supervisors are to check for damage and available evacuation routes then begin an evacuation of their area to the designated assembly location. (south parking lot)
- Evacuation should proceed as quickly as possible since there may be aftershocks.
- Supervisors must account for each employee in their work group as quickly as possible.
- First aid certified employees should check for injuries and help evacuate injured employees.  
Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- If a gas odor is in the building, tell a supervisor to turn off the gas at the main. Open windows.
- Supervisors and first aid employees must not re-enter the building once evacuation is complete.
- Do not approach or touch downed power lines or objects touched by downed power lines.
- Do not use the phone except for emergency use.
- Turn on a radio and listen for public safety instructions.

If you are outside: Stand away from buildings, trees, telephone and electric lines.

If you are on the road: Drive away from underpasses/overpasses. Stop in a safe area. Stay in the vehicle.

## If an injury occurs

- A first aid kit is kept in the office on the North wall. Also, each company vehicle is equipped with a first aid kit located in the glove box or under the driver's seat. These kits are checked monthly by members of the safety committee. An inventory of each kit is taped to the inside cover of the box. If you are injured, promptly report it to any supervisor.
- All supervisors are required to have first aid cards. Other employees may have been certified. A list of current first aid and CPR certified supervisors and employees is posted on the safety bulletin board along with the expiration dates of their cards.
- In case of serious injury, do not move the injured person unless absolutely necessary.  
Only provide assistance to the level of your training. Call for help. If there is no response call 911.
- AIDS/HIV and Hepatitis B are the primary infectious diseases of concern in blood. *All blood should be assumed to be infectious.* These diseases can both be deadly. Employees are *not* required to perform first aid as part of their job duties. In the event of a bleeding injury where first aid is needed, use gloves if possible to prevent exposure to blood or other potentially infectious materials. The injured person can often help by applying pressure to the wound. Gloves and a mouth barrier for rescue breathing are available in the first aid kits. If you are exposed to blood while giving first aid wash immediately with soap and water and report the incident to a supervisor. The appropriate follow-up procedures will be initiated, including medical evaluation, counseling, Hepatitis B vaccine and blood testing of the source person if possible.

For further information refer to WAC 296-62-08001(6).

## Safety and Health Training and Education

### Safety Training

Training is an essential part of our plan to provide a safe work place at XYZ Company. To ensure that all employees are trained *before* they start a task that requires training, we have a training coordinator whose name is posted on the safety bulletin board. That person is responsible to verify that each employee has received an initial orientation by his or her supervisor, has received any training needed to do the job safely and that the employee file documents the training. The coordinator will make sure that an outline and materials list is available for each training course we provide:

Course	Who must attend
Basic Orientation	All employees (given by the employee's supervisor)
Safe Lifting	Any employee who lifts more than 20 pounds
Chemical Hazards (General)	All employees
Chemical Hazards (Specific)	An employee who uses or is exposed to a particular chemical
Fire extinguisher safety	All employees
Respirator Training	Employees who use a respirator
Forklift Training	Employees who operate a forklift
Lockout Training (Awareness)	All employees
Lockout Training (Advanced)	Employees who service equipment
Welding Safety	Employees who operate the arc welder

### Safe Lifting Training Course Outline

#### Required Materials:

- Video *Back Your Back* L&I video number V0146. Reserve at least two weeks in advance. Call (360)902-5444
- Safe Lifting rules from Accident Prevention Program

#### Outline: 1 hour class

- Talk about injury statistics related to lifting and handling materials.
- Talk about some injuries that have occurred in our work place.
- Show Video
- Answer questions from participants about video
- Go over safe lifting rules in the Accident Prevention Program.
  - Demonstrate techniques.
  - Discuss mechanical lifting aids such as hoists and carts that are available in our workplace.
- Have employees sign their names to the training roster

### Other Hazard Control Programs

In addition to this basic accident prevention program, XYZ Company has developed detailed written programs that explain procedures for doing certain kinds of work that have special hazards. Here is a list of those programs, when they apply and where a copy is located:

Program	Applies to Employees:	Program Location:
Respirator Program	using a respirator	This binder
Energy Control (Lockout/Tagout)	servicing machines	This binder & in maintenance office
Chemical Hazard Communication	all employees	This binder

# Suggested APP Self-Assessment Form

Use this tool to see how well your organization performs in areas of safety and health management and where there are areas which can be improved. Here's how:

## Instructions:

1. Read the self-assessment questions listed on the following pages.
2. Read through the five answers (numbered 0 through 4).
3. Select the answer that most closely represents your company's current level.
4. Selecting one level assumes that you have completed the lower-numbered levels. (If a level has a statement such as "We may do this thing" then you can still move to the next higher level if that statement isn't true for you.)
5. Transfer the selected level for each question to the table on page 34. Shade the box containing the score for that question and all boxes to the left. If the score was "0", only shade box "0". Note: A completed sample chart is shown on page 34.
6. The unshaded areas represent an opportunity for improvement of safety & health management in your workplace. Look back at the answers to the questions for ideas on what steps you can take to improve the safety and health management in your workplace.

## A. Do we have a safety and health policy that is well known in our organization?

0. No, we don't. Working safely is common sense that everyone should be aware of. Or, we recognize the need but just haven't developed a policy.
1. Yes, the policy is clear about the owner's commitment to provide a safe work place and is communicated to supervisors and managers when they are first hired. It may be in writing.
2. We also tell all employees when they are first hired.
3. We also often refer to it during staff meetings, when planning new projects, and during safety discipline issues. The policy is in writing.
4. It is also a conspicuous part of our written safety program which is easily available to all employees. It may also be posted on the safety bulletin board.

## B. Are safety responsibilities clearly communicated to staff?

0. We rely on common sense. Staff should know better than to do things that might get themselves or a co-worker hurt. Or, we recognize the need but haven't assigned safety responsibilities.
1. We have a list of safety rules that all employees are expected to follow. We communicate them to all new employees.
2. We also have developed written safety responsibilities for supervisors and managers to go along with their production responsibilities.
3. We also have policies in place that give supervisors and others with safety responsibilities the authority to carry them out including the ability to challenge and halt unsafe activities.
4. We also routinely measure and record safety performance of supervisors, managers and employees and provide appropriate corrective action or commendation.

### **C. Do management and employees share overall responsibility for identifying and resolving safety issues?**

- 0. No, Providing a safe workplace is a management responsibility. Employee safety complaints are essentially suggestions that management isn't doing its job. Or, we see the need for a formal method of employee involvement but haven't developed a system.
- 1. If an employee brings up a safety issue we look at it and make changes as appropriate.
- 2. We also make a point of routinely encouraging employees to make safety suggestions.
- 3. We also have an active safety committee with elected employee representatives (or regularly scheduled safety meetings with all staff for employers with 10 or fewer employees or for work on a construction site.)
- 4. In addition, all our employees have a strong sense of ownership of safety and health in our organization and can describe their active roles.

### **D. Do we have an effective method of identifying workplace hazards?**

- 0. If there is an incident that results in a hospitalization or a serious disruption of business activities we look to see what we can do to correct the problem. Or, we see the need for a method of hazard identification but haven't put anything into practice.
- 1. We rely upon supervisors and staff to tell us about hazards. We address them as they come up.
- 2. Supervisors also do routine walk-around safety inspections. We may keep a record of what was found and what was done about hazards found.
- 3. Supervisors also investigate incidents for the causes and needed changes in how we do business. We keep a record of the findings. We also keep records on workplace injuries and illnesses and look for trends.
- 4. We also routinely analyze how jobs are done to see if there are any built-in hazards that we can design out. We call in experts for assistance when needed. We make an effort to provide hazard recognition training to staff to increase their effectiveness in identifying hazards.

### **E. Are we effective in preventing, eliminating or controlling hazards?**

- 0. Yes, we make an effort to eliminate hazards, however, sometimes production time constraints or lack of safety equipment means that we use less than ideal work methods or use equipment with safety problems – but only for the short term. Also, because of the nature of the work, in order to get the job done employees must assume some risks. Or, no, we aren't effective. Hazards often go uncorrected.
- 1. We correct safety problems as they come to our attention.
- 2. We also have a disciplinary policy that is clearly communicated to employees. It has reasonable consequences for "less than termination" offenses. Employees believe we will use it. We may also have a safety recognition program to promote safe behavior.
- 3. We also have identified equipment with critical parts that need routine preventive maintenance to avoid safety problems. We keep or have access to records of when this maintenance was done.
- 4. We also make a point of using the most effective means of controlling or eliminating a hazard. We try to use work rules and personal protective equipment to supplement an engineered solution rather than as our first choice to control a hazard. If we have activities with particularly serious injury or illness potential we have developed written safety policies and procedures for that activity.

### **F. Are we prepared for an emergency?**

- 0. If an employee gets hurt at our workplace, someone should call "911". Or, we see the need for planning but haven't really taken the time to do it.
- 1. We have first aid kits conveniently available.
- 2. We also have first aid / CPR trained employees available during all work hours.
- 3. We also have planned for emergencies we reasonably anticipate could happen such as fire, earthquake, or the failure of a work process that could cause a serious injury or illness. We may also have coordinated with the fire department about unique issues at our worksite.
- 4. We also have tested our plans and routinely have drills so that staff will know what to do in the real event.

Continues

### G. Are staff given effective and timely safety and health training?

0. We only hire experienced employees. They should already know what's necessary to do the job safely. Or, we rely on supervisors and co-workers to provide safety tips if they see unsafe work methods.
1. We give each new employee an orientation to the company and explain our general safety expectations. We may have a written record of the orientation.
2. We also give each employee safety training specific to the job task when first hired and whenever there is a change in job assignment. We keep written records of all training.
3. We also provide safety training to supervisors so they can be effective in reinforcing our safety policies and recognizing hazardous conditions.
4. We also have a program for regular safety training for staff and supervisors to increase the overall safety skills of our workforce in a variety of topics related to our organization. We measure how well the training was understood and whether it's being applied where the work is actually done.

Item	Description	Little or No Safety Management				High Level of Safety Management
A.	Safety and Health Policy	0	1	2	3	4
B.	Safety Responsibilities	0	1	2	3	4
C.	Employee Involvement	0	1	2	3	4
D.	Hazard Identification	0	1	2	3	4
E.	Hazard Prevention and Control	0	1	2	3	4
F.	Emergency Preparedness	0	1	2	3	4
G.	Safety & Health Training	0	1	2	3	4

### Completed Sample Chart:

Item	Description	Little or No Safety Management				High Level of Safety Management
A.	Safety and Health Policy	0	1	2	3	4
B.	Safety Responsibilities	0	1	2	3	4
C.	Employee Involvement	0	1	2	3	4
D.	Hazard Identification	0	1	2	3	4
E.	Hazard Prevention and Control	0	1	2	3	4
F.	Emergency Preparedness	0	1	2	3	4
G.	Safety & Health Training	0	1	2	3	4

The unshaded area represent an opportunity for improvement of safety and health management in your workplace. Look back at the answers to the questions for suggested improvements.

# Incident Investigation Forms Instructions

**These forms can help you track and investigate incidents.**

You are **not** required to use any of these forms.

- Your employees are required to report promptly to a supervisor every industrial injury or occupational illness. You could simply state in your Accident Prevention Program that “employees are required to promptly report orally or in writing an industrial injury or illness to a supervisor”.
- You are required to document your preliminary incident investigation. You could use a form developed by your insurance company, a form you develop yourself or the sample forms on pages 39 and 41.

**Resource sample on page 36 is a *Minor Injury Log*.** You could post it next to your first aid kit(s). It can help you learn about minor injuries that employees might not think important enough to report. However, if you see a trend of minor injuries in a area, it could be a warning that a more serious injury of the same type will happen soon. This log can also help control first aid supply inventory since employees must list what they take from the kit.

**Resource sample on page 37 is an *Employee’s Report of an Injury/Illness*.** Make it conveniently available to your employees – perhaps on the safety bulletin board or in the lunch room. It would be used for anything more serious than a minor scrape or cut.

**Resource sample on page 38 is an *Incident Investigation Checklist*.** It can help remind you who to notify and what to do when investigating an incident.

**Resource samples on pages 39 and 41 are *Incident Investigation Report*.** Either of these samples will guide you through the steps of: documenting the facts of the incident, analyzing the causes and making recommendations about what to change to prevent this kind of incident from happening again.

**Do not send these completed forms to Labor & Industries.** They are your record of the incident investigation required by WISHA. You are only required to report a fatality or the hospitalization of two or more employees from a single event to WISHA. However, you may have Industrial Insurance reporting responsibilities after other kinds of injuries under RCW 51, Industrial Insurance.

[illegible]



# Employee's Report of an Injury / Illness

## Sample

<p>Instructions: Employees may use this form for reporting work related injuries, illnesses, and other events that could have caused an injury or illness - no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. Complete this form and give it to your supervisor as soon as possible after you are injured or become ill on the job. Also, use this form to report a near miss. <b>Please Print</b></p>	
I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Other	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Employer:
Your signature (optional):	Date:
Report received by:	Date:

# Sample-Incident Investigation Checklist

**Instructions:** This form is intended to assist you in conducting an incident investigation. It can be used after you become aware of an incident to investigate and make changes in your workplace to prevent a similar incident in the future.

**The shaded box in the left-hand column indicates steps that are required by law.**

Part 1. How serious is the injury?		GO TO
<input type="checkbox"/>	If an employee has died, is expected to die or two employees are admitted to the hospital	Part 2
<input type="checkbox"/>	If an employee has suffered a serious injury with immediate symptoms	Part 3
<input type="checkbox"/>	If the injury is minor or a "near miss"	Part 4
Part 2. Fatal or Multiple Hospitalization		GO TO
<input type="checkbox"/>	<b>Do not disturb the incident scene except to aid in rescue or make the scene safe.</b>	
<input type="checkbox"/>	Report the incident to Labor & Industries within 8 hours. Call: L&I at 1-800-4-BE-SAFE or OSHA at 1-800-321-6742 and leave a message OR call your local L&I office (do not fax or leave a voice mail message at the local office)	
<input type="checkbox"/>	Assist the Labor & Industries investigator.	Part 3
Part 3. Investigate Serious Injuries/Illnesses		
<input type="checkbox"/>	Organize an investigation team: • Supervisor or other employer representative • Employee representative • Any other persons with needed expertise	
<input type="checkbox"/>	Get written statements from victims and witnesses as soon as possible.	
<input type="checkbox"/>	Take photographs to document the injury scene as soon as possible.	
<input type="checkbox"/>	Make measurements of anything remotely relevant as soon as possible.	
<input type="checkbox"/>	Enter recordable injuries on the OSHA log within 6 days (if required to keep a log). (Non recordable injuries can optionally be entered on an incident log.)	
<input type="checkbox"/>	Based on the facts gathered above, develop a theory about what happened and why.	
<input type="checkbox"/>	Check your theory against the facts. Does it fit? If not, develop a new theory and/or continue fact-finding.	
<input type="checkbox"/>	Make recommendations for changes to prevent a similar incident in the future.	
<input type="checkbox"/>	Document the findings in an injury/illness investigation report.	
<input type="checkbox"/>	Implement the recommended changes.	
<input type="checkbox"/>	Check to see that the changes are effective in preventing a future incident. If not, make additional changes as needed.	
<input type="checkbox"/>	Review the findings and changes with the safety committee or at an employee safety meeting if you are not required to have a safety committee.	
<input type="checkbox"/>	Make additional changes as necessary based on their input and review.	<b>Investigation complete</b>
Part 4. Minor Injury or Near Miss		GO TO
<input type="checkbox"/>	If the injury or near miss could have resulted in a serious injury or death	Part 3
<input type="checkbox"/>	Enter recordable injuries on the OSHA log within 6 days (if required to keep a log). (Non recordable injuries can optionally be entered on an incident log.)	
<input type="checkbox"/>	Review the OSHA and incident logs with the safety committee or at an employee safety meeting if you are not required to have a safety committee.	
<input type="checkbox"/>	Make changes to the workplace as necessary based on their input and review.	<b>Investigation complete</b>

# Incident Investigation Report-Sample 1

This sample report form can help document the findings of an investigation into an injury or incident in your workplace. You can copy and use this form or make your own. Fill out an investigation report as soon as possible after an injury or incident.

Employee(s) name(s): \_\_\_\_\_  
 \_\_\_\_\_

Time & date of injury/illness: \_\_\_\_\_

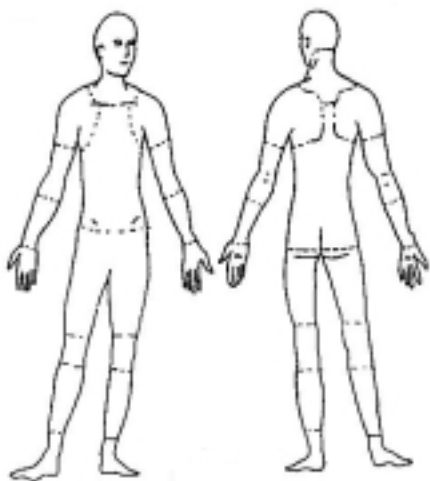
Job title(s) and department(s): \_\_\_\_\_  
 \_\_\_\_\_

Supervisor/lead person: \_\_\_\_\_

Witnesses: \_\_\_\_\_  
 \_\_\_\_\_

Brief description of the injury/illness: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Shade part/s of body where the injury occurred**



Did the injured employee(s) see a doctor?

( ) Yes ( ) No

If yes, did you file an employer's portion of a worker's compensation form?

( ) Yes ( ) No

Continues

Did the injured employee(s) go home during their workshift?    ☐ Yes    ☐ No

If yes, list the date and time injured employee(s) left job(s): \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

\_\_\_\_\_

What could have been done to prevent this injury/incident? \_\_\_\_\_

\_\_\_\_\_

Have the unsafe conditions been corrected?                      ☐ Yes    ☐ No

If yes, what has been done? \_\_\_\_\_

If no, what needs to be done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer or Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional comments/notes: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

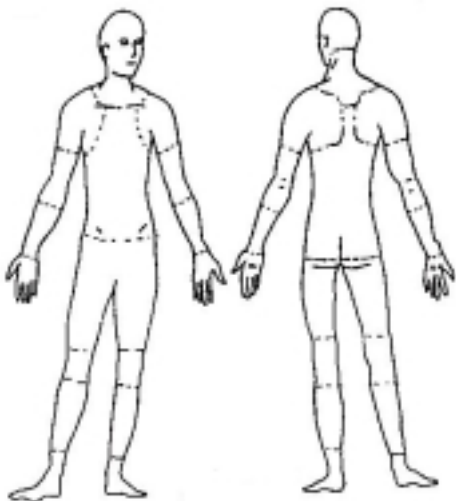
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Incident Investigation Report-Sample 2

**Instructions:** Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss		
Date of incident:		This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Final Report
<b>Step 1: Injured employee (complete this part for each injured employee)</b>		
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age:
Department:		Job title at time of incident:
<b>Part of body affected: (shade all that apply)</b>  	<b>Nature of injury: (most serious one)</b> <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: (eg: nervous, respiratory, or circulatory systems) <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer:
		Months doing this job:
		Other injury information:
<b>Step 2: Describe the incident</b>		
Exact location of the incident:		Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other		
Names of witnesses (if any):		
continues on other side		

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
<b>Step 3: Why did the incident happen?</b>			
<b>Unsafe workplace conditions: (Check all that apply)</b> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____		<b>Unsafe acts by people: (Check all that apply)</b> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it. <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting by hand <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____	
Why did the unsafe conditions exist?			
Why did the unsafe acts occur?			
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
Were the unsafe acts or conditions reported prior to the incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been similar incidents or near misses prior to this one?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Step 4: How can similar incidents be prevented?****What changes do you suggest to prevent this injury/near miss from happening again?**

- ☐ Stop this activity      ☐ Guard the hazard      ☐ Train the employee(s)      ☐ Train the supervisor(s)  
☐ Redesign task steps      ☐ Redesign work station      ☐ Write a new policy/rule      ☐ Enforce existing policy  
☐ Routinely inspect for the hazard      ☐ Personal Protective Equipment      ☐ Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ☐

**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

# How to Create and Use an Effective Self-Inspection Checklist

Regular self-inspection of your workplace can be an effective way of finding and eliminating hazards before they cause injuries. Having a list of items to spot check will help you catch problems that you think might happen. **Self-inspections at construction sites are required to be conducted weekly and documented in writing.**

Generic checklists are not always effective tools because they are either very long and list items that do not apply to your workplace or are too general and do not remind you to check specific items in your operation. If you have several different departments, each with things that should be checked, you may want to create a checklist for each department. The attached template will get you started in writing a custom checklist(s).

1. Pick out and delete items under each category that do not apply in your workplace.
2. Add new items to the checklist and make existing items more specific to your operation based on your experience with:
  - Causes of past injuries/illness.
  - Previous hazards identified during WISHA compliance or consultation visits
  - Previous hazards noted by your insurance company.
  - Safety issues that you frequently remind or discipline employees about - such as missing guards, unsafe shortcuts in the production process, or personal protective equipment (PPE) that is not worn.
3. You should also add items to routinely check, based on your study of:
  - WISHA standards that cover your operations and equipment.
  - Work rules and PPE requirements in your safety program.
  - Manufacturer's operating instructions and PPE recommendations for tools and equipment.
4. Leave some blank lines so the person using the checklist can note hazardous conditions that do not fit any of the listed items.

Give self-inspection duties to several people - perhaps on a rotating basis, or give each person an area to inspect. Maybe they can even trade areas every so often to let a "fresh pair of eyes" spot hazards that workers may have come to accept as normal. Sharing this responsibility raises hazard awareness of more employees. It also reinforces the idea that a safe workplace is the responsibility of both management and employees.

How often you do self-inspections depends on the nature of the work and potential for hazards to develop. Monthly or quarterly self-inspections may be fine for an office or for assembly work with few machines. Weekly inspections may be necessary for manufacturing with many machines or processes. Each employer on a construction site is required to have an inspection at the beginning of the job and weekly thereafter.



# Worksite Inspection Checklist

**Instructions:** Place a check in the left column of the item if the answer is Yes.

## General

√	Items to check	Comments
	Is the WISHA Poster posted?	
	Is the safety bulletin board up and visible?	
	Do employees know who their safety committee representative is?	
	Are safety committee/meeting minutes posted or communicated?	
	Do employees know how to report unsafe working conditions?	
	Are near miss and injury investigations conducted?	
	Do employees know where the accident prevention program is and what it says?	
	Are first aid kits well marked and accessible by employees at all times?	
	Do employees know where and how to get first aid?	
	Is each first aid kit complete? (A list of required items inside each kit is helpful)	
	Are first aid trained employees cards current?	

## Emergency Evacuation & Emergency Exits

*TIP: Getting the evacuation map of your office will help you check and document any noted concerns.*

√	Items to check	Comments
	Are emergency phone numbers posted where they can be seen from telephones?	
	Are all exits and paths to/from exits free of obstructions?	
	Are exits clearly marked?	
	Are exit routes clearly marked and well lit?	
	Do emergency lights work?	
	Are doors that could be mistaken for a way of exit marked "Not an Exit" or with the name of the room?	
	Can all exits be opened from the inside without a key?	
	Do emergency alarms work?	
	Are evacuation/fire drills conducted regularly?	
	Do employees know where to gather?	

## Electrical

√	Items to check	Comments
	Are extension cords used only for temporary use?	
	Are power cords free of splices, taps, and damaged insulation?	
	Do all extension cords have ground pins in place?	
	Are live electrical parts on tools, equipment, building wiring, and electrical panels enclosed to prevent contact?	
	Do circuits become overloaded? If so why?	
	Are breaker boxes clear and can they be accessed when needed?	
	Are machines that have moisture (e.g.: refrigerators, air conditioners) or used outdoors or in industrial settings grounded?	
	Do electrical cords and equipment used at wet locations have waterproof covers or seals to keep moisture out?	

## Work Stations

√	Items to check	Comments
	Are chairs are in good condition?	
	Are the workstations adjusted for the person?	
	Are materials stored safely?	

## Housekeeping

√	Items to check	Comments
	Are toilets and washing facilities clean and stocked with supplies (soap, towels, toilet paper)?	
	Is clean drinking water from a fountain or with individual drinking cups provided?	
	If drinking water is supplied in containers, are they kept clean and closed?	
	Are waste containers kept clean and emptied as needed?	
	Is there effective drainage for wet areas?	
	If you have nonpotable or not-fit-for-drinking water outlets, are they marked as such?	
	Are scrap materials stored safely to prevent tripping, fire or pest hazards?	
	Are spills cleaned up promptly?	

## Walking Surfaces/Stairways

√	Items to check	Comments
	Are aisles and passageways kept clear of tripping hazards (cords, pipes, hoses etc.) and at least 28" wide?	
	Is the floor free of holes, projections, or depressions that could cause trips, or let material fall on workers below?	
	Are covers on holes or large openings in floors secure and capable of supporting the maximum load safely?	
	Are floors able to hold the intended load safely?	
	Are guardrails in place on the open sides of all walking surfaces 4' or more above an adjacent surface?	
	Are guardrails 36" – 42" high and capable of withstanding 200 LB of force in any direction against the top rail?	
	Are toeboards to catch debris installed on guardrails where people may work or walk on the surface below?	
	Are stair tread surfaces non-slip, not excessively worn, and free of stored materials?	
	Are walkways protected from or clearly visible to vehicle or forklift traffic?	
	Are employees expected to work from heights? If yes, is fall protection provided?	
	Are guardrails installed on stairways with four or more risers?	
	Is there at least 7' of head room in all aisles and on all stairs?	

## Lighting

√	Items to check	Comments
	Is there sufficient lighting in work areas?	
	Are parking areas equipped with sufficient security lighting?	
	Are temporary lights protected from accidental breakage?	

## Chemical safety

√	Items to check	Comments
	Is there a written hazard communication program? Is it accessible?	
	Are employees trained in the program, safe use, and hazards of the chemical that they are exposed to?	
	Can an employee find the MSDS for a chemical he/she is using and tell you about the hazards and required PPE?	
	Do all chemical boxes, bottles, bags, tanks, etc. have a label that has the chemical name and appropriate hazard warning?	
	Is the chemical list current?	

## Personal Protective Equipment

√ Items to check	Comments
Has a Personal Protective Equipment (PPE) hazard assessment been conducted for the job?	
Are employees trained in the use and care of their PPE?	
Does the furnished PPE fit?	
Is the PPE in good condition?	
Is the PPE appropriate for the job?	
Do employees wear the PPE when required?	
Is documentation of the training available?	
Are safety glasses worn where there is a potential for flying particles or objects?	
Are goggles or face shield worn where there is a danger of corrosive material splash?	
Is safety-toed footwear worn where there is a potential for heavy objects to roll or fall on the feet?	
Is a hard hat worn where there is a potential for being struck by a falling or flying object?	
Are ear plugs or ear muffs available and used in areas where it is necessary to raise your voice to be heard by a co-worker?	
Are gloves, aprons, or shields worn when there is a danger of cuts or chemical contact?	

## Portable Ladders

√ Items to check	Comments
Are ladders in good condition with tight joints between steps and rails, no missing parts, or damage?	
Are defective ladders removed from service?	
Are rungs and steps free of grease and oil?	
Do employees have both hands free when they are climbing up the ladder?	
Do employees use a longer ladder rather than use the top step of a stepladder?	
Do employees use a single or extension ladder rather than lean a stepladder against a wall to climb?	
Are ladders raised at least 3' above an upper level if the employee will climb onto that level?	
Are ladders used at a 4 to 1 angle?	
Are employees using non-metallic ladders when working around electrical equipment?	

## Sprinkler Systems and Portable Fire Extinguishers

√ Items to check	Comments
Are fire extinguishers charged and mounted in their assigned, labeled locations? (Required monthly)	
Are fire extinguishers that do not pass inspection removed?	
Are defective fire extinguishers replaced?	
Are employees who are expected to use portable fire extinguishers trained?	
Is there a minimum 18" clearance below sprinkler heads?	

## Storage

√	Items to check	Comments
<input type="checkbox"/>	Are materials stored in a way that does not create a hazard (protected from slipping or collapse)?	
<input type="checkbox"/>	Are storage areas kept free of tripping and fire hazards?	
<input type="checkbox"/>	Are shelves capable of holding the intended load?	
<input type="checkbox"/>	Do employees have a safe way to stock and unstock the shelves?	
<input type="checkbox"/>	Do employees have to get on the shelves to get stock? If yes, are they using fall protection?	
<input type="checkbox"/>	Are storage racks tightly assembled and free of sagging from overload or damage by vehicle traffic?	
<input type="checkbox"/>	Is there safe clearance for forklifts through aisles and doorways and to allow placing and picking loads at elevation?	
<input type="checkbox"/>	Do employees use a safety cage with a forklift when necessary to manually retrieve materials from high shelves?	
<input type="checkbox"/>	Are hand trucks, carts, or hoists available and used for routine lifting or carrying tasks?	

## Forklifts

√	Items to check	Comments
<input type="checkbox"/>	Are only trained and authorized employees operating forklifts?	
<input type="checkbox"/>	Do employees inspect the forklift at the beginning of each shift?	
<input type="checkbox"/>	Are noted deficiencies corrected in a timely manner?	
<input type="checkbox"/>	Do forklifts have a readable load chart attached?	
<input type="checkbox"/>	Are all forklift controls labeled and functioning?	
<input type="checkbox"/>	Are forklift horn, lights, tires, and lifting mechanism in good condition?	
<input type="checkbox"/>	Are aisleways kept clear and visible?	
<input type="checkbox"/>	Do operators obey the rules of the road?	
<input type="checkbox"/>	If they are working from heights, do employees use fall protection?	

## Safe Machine Operation

Note: Every piece of machinery has its own procedures for safe operation and its own guarding requirements. Read the manufacturer's owner's manual carefully to understand what it takes to use the machine safely. Not all machines come with the guards that are required by the standards. You will have to add the guards to those machines before an employee can use it safely.

√	Items to check	Comments
	Is the employee trained in the safe use of this machine?	
	Do employees have the required PPE to use while operating the machine?	
	Are machines in good working order?	
	Are moving parts of machines such as belts, pulleys, gears, cutters guarded to prevent accidental contact?	
	Are all the safeguards adjusted properly before use?	
	Are there any electrical hazards?	
	Is the area around the use of this machine clear of any tripping or slipping hazard?	
	Is there sufficient clearance around the machine for safe operations, material handling, and service?	
	Is the power shut-off within easy reach of the operator's work station?	
	Observe the work practice. Is it a safe one?	
	Are employees wearing loose clothing or jewelry that could get caught in the machinery?	
	Do employees get help when they need it?	
	Are employees working next to this machine safe?	
	Does the machine require lockout/tagout procedures?	
	If yes, have they been developed?	
	Is the employee trained in these procedures?	

## Portable Tools

√	Items to check	Comments
	Has the employee been trained to use this tool?	
	Are all the safe guards and devices there, working and working correctly?	
	Is the employee wearing PPE?	
	Is the extension cord safe?	
	Is the tool the right tool for the job?	
	Are hand-held tools properly grounded (3-wire cord) or marked as double insulated?	
	Observe the work practice. Is it a safe one?	

# How to Do A Job Hazard Analysis

**Injuries occur every day in the workplace. Sometimes they happen because employees are not trained in the proper job procedure. Sometimes hazards are hidden in the job itself.**

You can help prevent injuries in your workplace by doing a job hazard analysis. It will help you identify hazards and write safe and efficient job procedures.

## Step 1

### Select Jobs to Analyze

A job hazard analysis should be done first for jobs with the highest injury rates. Look at your injury and illness reports to find likely candidates. Also, jobs with “near misses” should be given priority. Eventually, a job hazard analysis should be done for all jobs in your workplace.

## Step 2

### Involve the Employee

After you select a job for analysis, let the employee who is doing the job know what you are doing. Point out that you are studying the job itself, not checking up on the employee. Involve the employee throughout the analysis — reviewing the job steps, discussing potential hazards and recommending solutions.

## Step 3

### Do the Job Hazard Analysis

You will be looking at a job several times as you do this analysis. If the job is repetitive, do each part as the worker cycles through the job steps. If the job is not repetitive you can video tape the job and review the tape while doing the analysis.

1. First look at general conditions in the area for hazards such as inadequate lighting, noise, tripping hazards, forklift traffic, etc. Make a note about any problems on the back of the Job Hazard Analysis form.
2. Most jobs can be broken down into steps. List each step in the first column of the form in order as you watch the employee do the job. Be sure to record enough information to describe the step. However, only break the job down into the number of steps that are useful for identifying hazards and training employees. With practice you will get a sense of how far to break the job down. Go over the job steps with the employee. There may be variations in the job or infrequent steps that the employee can tell you about.
3. After you list all the job steps, go back and look at each step for hazards or hazard potential and list them in the second column opposite the step. Assume that no personal protective equipment is being worn - even if the worker is wearing it at the time you do the observation. Repeat this process until you are satisfied that all hazards have been identified.
4. For each hazard you identify in the second column ask the question: “Can we change the way this job is done to eliminate this hazard?” Ideas might include combining steps, changing the sequence, a different tool, a change in the workstation, ventilation etc. The employees who do this job may have some good practical ideas. If none of these will work, what personal protective equipment (PPE) is needed? Write down your solution in the third column opposite the hazard. If you still are not satisfied that the hazard is under control, you may need to consider not doing this job or doing it less often.

## Step 4

### Make Changes

Use your analysis to write a job procedure that you can put into the training section of your Accident Prevention Program. One way of organizing the procedure is to name the job or task at the top of the page. Then list required PPE. Follow this with the sequence (or new sequence) of steps to do the job. Based on your analysis include any warnings of potential hazards. Do not make general statements such as “Be careful.” Be as specific as you can. You will need to train employees if the procedure is different than how it was done before. Be sure they understand what they are required to do and why any changes were made.

### Revise the Job Hazard Analysis Periodically

Review and update the job hazard analysis whenever the job changes, you get new equipment, there has been an injury or “near miss” or at least every other year. Even if no changes have been made in a job, you might find hazards you missed in the previous analysis. When doing an incident investigation, use the job hazard analysis to determine whether changes are needed or if the employee failed to follow job procedures.

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# Chemical Hazard Communication Program (CHCP)-Sample

[Click Here for a Sample CHCP You Can Modify](#)

## A. Company Policy

\_\_\_\_\_ is committed to the prevention of exposures that result in injury and/or illness; and to comply with all applicable state health and safety rules. To make sure that all affected employees know about information concerning the dangers of all hazardous chemicals used by \_\_\_\_\_, the following hazardous chemical communication program has been established.

All work units of \_\_\_\_\_ will participate in the hazard communication program. This written program will be available in \_\_\_\_\_ for review by any interested employee.

## B. Container Labeling

\_\_\_\_\_ is responsible for container labeling procedures, reviewing, and updating. The labeling system used at \_\_\_\_\_ is as follows:

(Describe the labeling system, including the labels or other forms of warning used, and written alternatives to labeling, if any.)

The procedures for proper labeling of all containers, and reviewing and updating label warnings are as follows:  
(Also include a description of the procedures for labeling of secondary containers used, including making sure that they have the appropriate identification and hazard warning, etc., description of procedures for reviewing and updating label warnings, how often the review is conducted, and the name of the person and position who is responsible for reviewing and updating label warnings.)

It is the policy of \_\_\_\_\_ that no container will be released for use until the above procedures are followed.

## C. Material Safety Data Sheets (MSDS)

\_\_\_\_\_ is responsible to establish and monitor the employer's MSDS program. This person will make sure procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. This person will see that any new information is passed on to affected employees.

The procedures to obtain MSDSs and review incoming MSDSs for new or significant health and safety information are as follows:

(Include procedures on how to make sure copies are current and updated, how any new information is passed on to affected employees, and the procedures for employee access in work areas.)

Copies of MSDSs for all hazardous chemicals in use will be kept in \_\_\_\_\_. MSDSs will be available to all employees during each work shift. If an MSDS is not available or a new chemical in use does not have an MSDS, immediately contact: \_\_\_\_\_

Note:

If an alternative to printed Material Safety Data Sheets is used (such as computer data), provide a description of the format.

## D. Employee Information and Training

\_\_\_\_\_ (The person and position) is responsible for the employee training program.

The procedures for how employees will be informed and trained are as follows:

(Include the methods used for general and site-specific training, and how employees will be informed when non-routine tasks arise. If your employees work at other employers' job sites, then specify where and how these employees will have access to MSDSs and labels, and how they will be informed of precautionary measures to take during normal or emergency operations, if any.)

\_\_\_\_\_ (The person and position) will make sure that before starting work, each new employee of \_\_\_\_\_ (Name of employer) will attend a health and safety orientation that includes information and training on the following:

- An overview of the requirements contained in the Hazard Communication Standard.
- Hazardous chemicals present at his or her work places.
- Physical and health risks of the hazardous chemical.
- The symptoms of overexposure.
- How to determine the presence or release of hazardous chemicals in his or her work area.
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment.
- Steps the employer has taken to reduce or prevent exposure to hazardous chemicals.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- How to read labels and review MSDSs to obtain hazard information.
- Location of the MSDS file and written hazard communication program.

Before introducing a new chemical hazard into any section of this employer, each employee in that section will be given information and training as outlined above for the new chemical.

## E. Hazardous non-routine tasks

Periodically, employees are required to perform hazardous non-routine tasks. (Some examples of non-routine tasks are confined space entry, tank cleaning, and painting reactor vessels.) Non-routine tasks that are performed at

\_\_\_\_\_ (Name of employer) include

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prior to starting work on such projects, each affected employee will be given information by \_\_\_\_\_ (The person and position) about the hazardous chemicals he or she may encounter during these activities:

(For each activity, list the specific chemical hazards, protective and safety measures the employee can use, and the steps the employer has taken to reduce the hazards, including ventilation, respirators, presence of another employee, and emergency procedures.)

Continues

## F. Multi-employer work places

It is the responsibility of \_\_\_\_\_ to provide employers of any other employees at the work site with the following information: (The person and position)

- Copies of MSDSs (or make them available at a central location) for any hazardous chemicals that the other employers' employees may be exposed to while working.
- Inform other employers of any precautionary measures that need to be taken to protect employees during normal operating conditions or in foreseeable emergencies.
- Provide other employers with an explanation of the labeling system that is used at the work site.

It is also the responsibility of \_\_\_\_\_ to identify and obtain MSDSs for the chemicals the contractor is bringing into the work place. (The person and position)

## G. List of hazardous chemicals

The following is a list of all known hazardous chemicals used by our employees. Further information on each chemical may be obtained by reviewing MSDSs located at \_\_\_\_\_ (Specify the location)

MSDS identity:

*(Here is where you put the chemical list developed during the inventory. Arrange this list so that you are able to cross-reference it with your MSDS file and the labels on your containers.)*

The criteria (e.g., label warnings, MSDS information, etc.) used to evaluate the chemicals are: \_\_\_\_\_  
*(Include a description of a plan for how you will update the list.)*

Chemical Name	Manufacturer	Location Used

# Other WISHA Written Program Requirements

You may also be required to have these written programs	If these conditions apply to you:	As required by:
Accident Prevention Program	For all employers.	WAC 296-800-140
Assured Equipment Grounding Program	Employees use cord and plug electrical equipment on construction sites without GFCI protected outlets.	WAC 296-155-447
Biological agents (Bloodborne Pathogens)	Employees may be exposed to human blood or other potentially infectious materials.	WAC 296-62 Part J
Chemical Hazard Communication Program	Chemicals are used in the workplace.	WAC 296-62 Part C WAC 296-800-170
Confined Space Entry Program	Employees enter “permit required confined spaces” (can be fully entered, limited means of exit, not designed for continuous occupancy, subject to accumulation of dangerous vapors, oxygen deficiency, or other hazards).	WAC 296-62 Part M
Fall Protection Work Plan (Worksite Specific)	Employees are exposed to fall hazards of ten feet or more in construction.	WAC 296-155 Part C-1
First-Aid Response Plan	Employer chooses Option 1 for first-aid response.	WAC 296-800-150
Hearing Conservation Program (written training description)	Employees work in a high noise environment as defined by the standard.	WAC 296-62 Part K
Late Night Retail Crime Prevention Training	Employer whose retail store is open between 11:00 PM and 6:00 AM	WAC 296-24 Part A-3
Lockout / Tagout Program and Procedures	Employees perform service or maintenance on machinery or equipment where unexpected machine start-up could cause employee injury.	WAC 296-24 Part A-4
Personal Protective Equipment (PPE) Hazard Assessment	Employer with employees who may need PPE for protection.	WAC 296-800-160
Respirator Program	Employees must wear respirators to prevent or reduce chemical exposure below the legal permissible exposure limits.	WAC 296-62 Part E

You may also be required to have these written programs	If these conditions apply to you:	As required by:
Chemical: Laboratories Chemical Hygiene Plan	A lab (such as a QC lab) contains hazardous chemicals.	WAC 296-62 Part Q
Chemical: Air Contaminants (Specific) Exposure Control Program	Employees are exposed to Lead; Benzene; Formaldehyde; Methylenedianiline (MDA).	WAC 296-62 Part I
Chemical: Asbestos, Tremolite, Anthophyllite and Actinolite Exposure Control Program	Employee exposure to these chemicals exists.	WAC 296-62 Part I-1
Chemical: Carcinogens (Cancer Causing) Exposure Control Program	Employees are exposed to Acrylonitrile; 1,2 Dibromo-3-Chloropropane; Inorganic Arsenic; Ethylene Oxide; Cadmium; Butadiene; Vinyl Chloride.	WAC 296-62 Part G
Chemical: Coke (from ovens) Exposure Control Program	Employee exposure to this substance exists.	WAC 296-62 Part O
Chemical: Cotton Dust Compliance Program	Employee exposure to this substance exists.	WAC 296-62 Part N
Diving Operations Safe Practices Manual	Employees work in the water with a compressed breathing air supply.	WAC 296-37
Emergency Action Plan	Employees work in high hazard jobs or locations such as: a) grain handling facilities, b) fire brigades, c) exterior building maintenance on high rise buildings, d) emergency response to hazardous substances releases, e) certain industries which use large quantities of especially hazardous chemicals.	WAC 296-24-567  Contact your Labor & Industries Safety and Health Consultant for other specific code references.

Continues

You may also be required to have these written programs	If these conditions apply to you:	As required by:
Fire Department Risk Management Policy	For all fire departments.	WAC 296-305
Hazardous Waste Site Control Program	Employees work as part of a hazardous waste site cleanup team.	WAC 296-62 Part P
Housekeeping Program	Employees work in grain handling facilities.	WAC 296-99
Powered Platform Work Procedures	Employees use platforms such as powered high-rise window washing scaffolds.	WAC 296-24 Part J-3
Process Safety Management Program	Employees work in a location that uses large quantities of especially hazardous chemicals (toxic, reactive, flammable, or explosive).	WAC 296-67
Telecommunications Training Program	Employees work in the telecommunications industry.	WAC 296-32
Welding, Cutting and Brazing Instructions	Employees operate welding equipment.	WAC 296-24 Part I

# Safety Meeting Minutes - Sample 1

This form can help document the minutes of safety meetings in your workplace. This particular form is not required but shows the kind of information you need for your records. You can either copy this form or make your own.

## Remember, you must:

- Keep meeting minutes for one year.
- Cover specific topics in your meetings.

## Agenda:

Review of minutes of last safety meeting: Approved? ☐ Yes ☐ No

Corrections: \_\_\_\_\_

1. Unfinished business from last meeting:

\_\_\_\_\_

2. Any hazards reported during this time period?

\_\_\_\_\_

3. Describe any injury/near miss investigations conducted since last meeting. Did you identify and correct the cause of the unsafe situation(s)?

\_\_\_\_\_

4. Is your accident and illness prevention program working? ☐ Yes ☐ No

If no, describe any recommendations to improve it.

\_\_\_\_\_

6. What other safety-related topics did you cover in this meeting?

\_\_\_\_\_

Employer: \_\_\_\_\_ Worksite location: \_\_\_\_\_

Date: \_\_\_\_\_ Meeting Start Time: \_\_\_\_\_ Meeting End Time: \_\_\_\_\_

Who attended this meeting?

\_\_\_\_\_

Minutes written by \_\_\_\_\_ Meeting Leader: \_\_\_\_\_

Next meeting will be on (date): \_\_\_\_\_ Next meeting location: \_\_\_\_\_

# Safety Meeting Minutes - Sample 2

You must keep a record of each safety meeting on file for one year.

Employer: \_\_\_\_\_

Worksite Location: \_\_\_\_\_

Date: \_\_\_\_\_ Meeting Start Time: \_\_\_\_\_ Meeting End Time: \_\_\_\_\_

Attendance: (M)anagement or (E)mployee	M/E		M/E		M/E
Examples: <i>John Smith</i>	<i>E</i>				
<i>Mary Brown</i>	<i>M</i>				

☐ More names on back

## Agenda

Review minutes of previous meeting (date \_\_\_\_\_) for corrections / approval

Progress report on last meeting's "To Do" list.

Discuss hazards, concerns, self-inspections, other inspections etc. since our last meeting.



Review injury / near miss reports to determine if the causes were identified and corrected.

Suggested updates to our Accident Prevention Program.

Other concerns.

To Do List:

Assigned to:

Due Date:

Minutes written by:

Meeting Leader (signature required)

**Next meeting**

**Date:**

**Start time:**

**Location:**

**Additional attendance, members absent, guests, additional names from front:**

# Sample—Report of a Workplace Hazard

**This is an optional form that an employee can use to report a hazard.**

If you complete this as an employee, give a completed copy to your employer. If you don't want to include your name on the form, make sure to give enough details about the hazard so your employer can recognize and correct it.

Your name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Briefly describe the workplace hazard:

(Please give more details if you are filling this out anonymously. Use the back if you need more room)

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Where is the hazard located? \_\_\_\_\_

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Has the hazard been reported to your employer? \_\_\_\_\_

If so, who was it reported to? \_\_\_\_\_

Briefly describe what's been done to correct the hazard

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Who took action to correct the hazard?

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# Training Documentation Form

## Use with:

WAC 296-800-140 Accident Prevention Program (recommended)  
 WAC 296-800-160 Personal Protective Equipment (PPE) (required)  
 WAC 296-800-170 Chemical Hazard Communication (recommended)  
 WAC 296-800-150 First Aid (recommended)  
 WAC 296-800-300 Portable Fire Extinguishers (recommended)

This sample form can help you verify in writing that each employee who needs training has received and understood it. You can copy this sample form or create your own.

( ) Accident Prevention Program, safety orientation

( ) Personal Protective Equipment Type: \_\_\_\_\_

( ) Chemical Hazard Communication

( ) First Aid

( ) Portable Fire Extinguishers

Date(s) of training: \_\_\_\_\_

List of employees who completed this PPE training:

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Trainer/Employer:

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[illegible]

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# Safety and Health Standards

This is a comprehensive list of Safety and Health Standards administered by Labor and Industries. The term “Horizontal Standards” is used to describe standards that apply to all industries *unless* an industry has a separate standard. The term “Vertical Standard” is used to describe Industry Specific Standards. “Administrative Standards” are legal requirements for all employers and laws governing the Department of Labor and Industries.

Horizontal Standards	Applicable to all Industries
296-800	Safety & Health Core Rules
296-24	General Safety and Health
296-62	General Occupational Health

Administrative Standards	How L & I Administers the Law and Record keeping Requirements
296-27	Record Keeping and Reporting
296-63	Worker Right to Know Fee Assessments
296-800-350	Reassumption of Jurisdiction (Appeals)
296-360	Discrimination

Vertical Standards	Apply only to certain industries or certain kinds of work
296-28	Clearance-Rules and Regulations Common Carrier Railroads
296-32	Telecommunications
296-36	Work in a Compressed Air Atmosphere
296-37	Commercial Diving Operations
296-45	Electrical Work Safety Rules
296-52	Possession Handling and Use of Explosives
296-54	Logging Operations
296-56	Longshore Stevedore and Related Waterfront Operations
296-59	Ski Area Facilities and Operations
296-65	Asbestos Removal and Encapsulation
296-67	Process Safety Management of Highly Hazardous Chemicals
296-78	Sawmills and Woodworking Operations
296-79	Pulp Paper Paperboard Mills Finishing and Converters
296-99	Grain Handling Facilities
296-115	Charter Boats (Passenger Vessels)
296-155	Safety Standards for Construction Work
296-301	Textile Industry
296-302	Bakery Equipment
296-303	Laundry Machinery and Operations
296-304	Ship Repairing Shipbuilding and Shipbreaking
296-305	Firefighters
296-307	Agriculture

# Accident Prevention Program Evaluation Worksheet

1. Is the program outlined in written format? ☐ Yes • ☐ No

a. Does it cover how and when to report injuries, including instructions as to the location of first-aid facilities?  
• ☐ Yes ☐ No

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b. Does it cover how to report unsafe conditions and practices?  
• ☐ Yes ☐ No

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c. Does it cover the use and care of PPE? • ☐ Yes ☐ No

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d. Does it cover proper actions to take in the event of emergencies including routes of exiting from areas during emergencies?  
• ☐ Yes ☐ No

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e. Does the program have a description of the employer's total safety program (including general safety company rules, specific job-related rules; disciplinary policy; maintenance procedures; company safety meeting/committee policy and accident investigation procedures)? ☐ Yes ☐ No

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f. Does it cover on-the-job review of the practices necessary to perform the initial job assignments in a safe manner?  
• ☐ Yes ☐ No

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g. Does it contain a list of hazardous chemicals, materials or gases involved, along with instructions on the safe use and emergency action following accidental exposure?  
• ☐ Yes • ☐ No

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2. Have the employees had a safety orientation describing their employer's safety program?

☐ Yes ☐ No

3. Do they know how and when to report injuries?

☐ Yes ☐ No

Do they know where the first-aid facilities are located?

☐ Yes ☐ No

Are there first-aid trained people available?

☐ Yes ☐ No

4. Do employees know who and how to report unsafe working conditions?

☐ Yes ☐ No

Does management act when unsafe conditions and practices are reported?

☐ Yes ☐ No

Is there a system established for feedback to the reporting of employee?

☐ Yes ☐ No

5. Do the employees know what to do in case of an emergency?

☐ Yes ☐ No

How are employees notified of an emergency?

6. Have the employees seen the employer's description of their safety program?

☐ Yes ☐ No

7. Do the employees have access to the safety and health program, taking into account the principal means by which the program is communicated to them?

☐ Yes ☐ No

8. Have the employees had an on-the-job review of practices necessary to perform the initial job assignments in a safe manner?  
☐ Yes ☐ No

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9. How did the employer ensure that the employee trained comprehended the training?

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10. Was the training conducted by knowledgeable people? ☐ Yes ☐ No

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11. How often are safety meetings or safety committee meetings held/and are meeting minutes available?

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12. Do they have a written disciplinary action policy? ☐ Yes ☐ No  
 Do they use it? ☐ Yes ☐ No

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13. Does the employer conduct injury/illness/near miss investigations and indicate whether adequate corrective and preventative actions are taken as a result? ☐ Yes ☐ No  
 Are near misses reported? ☐ Yes ☐ No

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14. Are site inspections conducted routinely? ☐ Yes ☐ No  
 Who conducts the inspections?

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15. Has the employer taken effort to identify normally encountered hazards in the workplace?

☐ Yes

☐ No

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16. What has the employer done to control the hazards identified?

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17. Does the employer conduct on-going training to improve employees' competency?

☐ Yes

☐ No

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18. Is the employer aware of the WISHA Act?

☐ Yes

☐ No

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# Employee Safety Orientation

**Instructions:** Each employee must be given a safety orientation before beginning work. This checklist documents that each required item was explained to the employee. The supervisor is to place a check in each box after the item has been explained. **Employees are not to sign this form unless all items have been explained and all questions have been answered satisfactorily.**

The employee \_\_\_\_\_ has been:

- ☐ Told about parts of the written safety program that describe the employer's safety efforts.
- ☐ Given a copy of the employee safety manual and general safety rules and has read it.
- ☐ Told who his/her elected safety committee representative is.
- ☐ Told when required safety meetings are scheduled.
- ☐ Told to report all injuries and shown how to do this.
- ☐ Told to report all hazards to her/his supervisor and shown how to do this.
- ☐ Shown where the first aid supplies are located and who to call for first aid.
- ☐ Shown where the exits are located and the route from the assigned workstation.
- ☐ Told what to do during any emergencies that could be expected to occur.
- ☐ Shown how to operate a fire extinguisher.
- ☐ Trained on chemical hazards according to the Chemical Hazard Communication Program training requirements and :
- ☐ Shown where to find the Material Safety Data Sheet (MSDS) file and program document.
- ☐ Taught how to read labels and use the MSDSs
- ☐ Told generally what kinds of chemicals we use and their hazards.
- ☐ Informed about the hazards and precautions related to chemicals he/she will be using.
- ☐ Trained on safe methods to perform the job/task the employee was assigned including any hazards associated with that job/task.

Initial job/task assignment: \_\_\_\_\_

- ☐ Given any personal protective equipment (PPE) required and trained on how to use and care for it. PPE required for this job:

\_\_\_\_\_  
☐ Provided any formal training required to do his/her job such as proper lifting, forklift operation etc. Initial formal training given:

The signatures below document that the above orientation was completed on the date below. Both parties accept responsibility for keeping our workplace safe and healthful.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

# Agriculture APP

**WAC 296-307-030**

[Click Here for a Sample APP You Can Modify](#)

## What are the required elements of an accident prevention program?

### You must:

- Instruct all employees in safe working practices at the beginning of employment. Your instruction must be tailored to the types of hazards to which employees are exposed.
- Develop a written accident prevention program tailored to the needs of your agricultural operation and to the types of hazards involved.

### Your accident prevention program must contain at least the following elements:

- How, when, and where to report injuries and illnesses, and the location of first-aid facilities.
- How to report unsafe conditions and practices.
- The use and care of personal protective equipment.
- What to do in emergencies. See [WAC 296-307-35015](#) for emergency action plan requirements.
- Identification of hazardous chemicals or materials and the instruction for their safe use.
- An on-the-job review of the practices necessary to perform job assignments in a safe and healthful manner.

### You must:

- Conduct a monthly walk-around safety inspection of active job sites, the materials and equipment involved, and operating procedures.

A representative chosen by employees must be invited and allowed to accompany you.

# Construction APP

## WAC 296-155-110

[Click Here for a Sample APP You Can Modify](#)

### Accident prevention program.

**Exemptions:** Workers of employers whose primary business is other than construction, who are engaged solely in maintenance and repair work, including painting and decorating, are exempt from the requirement of this section provided:

- The maintenance and repair work, including painting and decorating, is being performed on the employer's premises, or facility.
- The length of the project does not exceed one week.
- The employer is in compliance with the requirements of [WAC 296-800-140](#) Accident prevention programs, and [WAC 296-800-130](#), Safety and health committee plan.

### You must:

Develop a formal accident prevention program, tailored to the needs of the particular plant or operation and to the type of hazard involved.

The following are the minimal program elements for all employers:

A safety orientation program describing the employer's safety program and including:

- How, where, and when to report injuries, including instruction as to the location of first-aid facilities.
- How to report unsafe conditions and practices.
- The use and care of required personal protective equipment.
- The proper actions to take in event of emergencies, including the routes of exiting from areas during emergencies.
- Identification of the hazardous gases, chemicals, or materials involved along with the instructions on the safe use and emergency action following accidental exposure.
- A description of the employer's total safety program.
- An on-the-job review of the practices necessary to perform the initial job assignments in a safe manner.

Each accident prevention program must be outlined in written format.

## You must:

Conduct crew leader-crew safety meetings as follows:

- at the beginning of each job, and at least weekly thereafter.
- tailored to the particular operation.
- addressing the following:
  - A review of any walk-around safety inspection conducted since the last safety meeting.
  - A review of any citation to assist in correction of hazards.
  - An evaluation of any accident investigations conducted since the last meeting to determine if the cause of the unsafe acts or unsafe conditions involved were properly identified and corrected.
  - Attendance shall be documented.
  - Subjects discussed shall be documented.

### Note:

Subcontractors and their employees may, with the permission of the general contractor, attend the prime contractor's crew leader-crew safety meeting. Any requirements not satisfied by the prime contractor's safety meetings shall be the responsibility of the individual employers.

- Minutes of each crew leader-crew meeting shall be prepared and a copy shall be maintained at the location where the majority of the employees of each construction site report for work each day.
- Minutes of crew leader-crew safety meetings shall be retained by the employer for at least one year and shall be made available for review by personnel of the Department, upon request.
- Every employer shall conduct walk-around safety inspections as follows:
  - At the beginning of each job, and at least weekly thereafter.
  - It must be conducted jointly by one member of management and one employee, elected by the employees, as their authorized representative.
  - Walk-around safety inspections must be documented and such documentation shall be available for inspection by personnel of the Department.
  - Records of walk-around inspections shall be maintained by the employer until the completion of the job.

# Firefighters APP

**WAC 296-305-01505**

[Click Here for a Sample APP You Can Modify](#)

## Accident prevention program.

### Fire departments must:

- Develop and implement a written safety program.
- Have an assigned safety officer.
- Develop a formal accident prevention program, tailored to the needs of the fire department and to the type of hazards involved.
- Have a safety orientation program describing the employer's safety program including:
  - How and when to report injuries, including instruction as to the location of first-aid facilities.
  - How to report unsafe conditions and practices.
  - The use and care of required personal protective equipment.
  - The proper actions to take in event of emergencies including the routes of exiting from areas during emergencies.
  - Identification of the hazardous gases, chemicals or materials involved, along with the instructions on the safe use and emergency action following accidental exposure.
  - A description of the employer's total safety program.
  - An on-the-job review of the practices necessary to perform the initial job assignments in a safe manner.
- Have a safety committee to serve in an advisory capacity to the fire chief. The number of employer-selected members shall not exceed the number of employee-elected members.
  - The frequency of safety meetings shall be determined by the safety committee, but shall not be less than one hour per calendar quarter, however, special meetings may be held at the request of either party.
  - Minutes shall be taken of all safety meetings. After review by the chief or his/her designee the minutes shall be conspicuously posted at all stations.
  - Employee submitted written suggestions or complaints shall be considered. Action recommendations by the committee shall be transmitted in writing to the fire chief. The chief or his/her designated agent will reply to the submitter.
  - Inspections of fire stations shall be made at least monthly and records maintained to ensure that stations are reasonably free of recognized hazards. These inspections shall include, but not be limited to, tools, apparatus, extinguishers, protective equipment, and life safety equipment.

# Logging APP

**WAC 296-54-515**

[Click Here for a Sample APP You Can Modify](#)

## **Accident prevention program.**

### **You must:**

Develop a formal accident prevention program, tailored to the needs of the particular logging operation and to the type of hazards involved.

#### **•The accident prevention program must:**

- Be in writing.
- Cover at least the following elements:
  - A safety training program that describes the employer's total safety program.
  - How and when to report injuries;
  - The location of first aid supplies;
  - How to report unsafe conditions and practices;
  - The use and care of required personal protective equipment;
  - An on-the-job review of the practices necessary to perform job assignments safely;
  - Recognition of safety and health hazards associated with the employee's specific work tasks, including using measures and work practices to prevent or control those hazards.

### **You must:**

- Document and maintain current records of required training, including:
  - Who was trained;
  - The date(s) of the training; and
  - The signature of the trainer or the employer.

# Sawmills APP

**WAC 296-78-525**

[Click Here for a Sample APP You Can Modify](#)

## **Accident prevention programs.**

### **You must:**

Develop a formal accident prevention program, tailored to the needs of the particular plant or operation and to the type of hazards involved.

The following are the minimal program elements for all employers:

A safety orientation program describing the employer's safety program and including:

- How and when to report injuries, including instruction as to the location of first-aid facilities.
- How to report unsafe conditions and practices.
- The use and care of required personal protective equipment.
- The proper actions to take in event of emergencies including the routes of exiting from areas during emergencies.
- Identification of the hazardous gases, chemicals, or materials involved along with the instructions on the safe use and emergency action following accidental exposure.
- A description of the employer's total safety program.
- An on-the-job review of the practices necessary to perform the initial job assignments in a safe manner.

A designated safety and health committee consisting of management and employee representatives with the employee representatives being elected or appointed by fellow employees.

Each accident prevention program must be outlined in written format.



# L&I Service Locations & Resources

## Aberdeen

(360) 533-8200  
 FAX: (360) 533-8206  
 TDD: (360) 533-9336  
 Attention: Safety and Health  
 415 West Wishkah, Suite 1B  
 Aberdeen, WA 98520-0013

## Bellevue

(425) 990-1400  
 FAX: (425) 990-1446  
 TDD: (425) 637-5450  
 Attention: Safety and Health  
 616 120th Avenue NE, Suite C201  
 Bellevue, WA 98005-3037

## Bellingham

(360) 647-7300  
 FAX: 647-7310  
 TDD: (360) 647-7299  
 Attention: Safety and Health  
 1720 Ellis Street, Suite 200  
 Bellingham, WA 98225-4600

## Bremerton

(360) 415-4000  
 FAX: (360) 415-4047  
 TDD: (360) 415-4014  
 Attention: Safety and Health  
 500 Pacific Avenue, Suite 400  
 Bremerton, WA 98337-1904

## Colville

(509) 684-7417  
 Toll-free 1-800-509-9174  
 FAX (509) 684-7416  
 Attention: Safety and Health  
 298 South Main, Suite 203  
 Colville, WA 99114-2416

## East Wenatchee

(509) 886-6500  
 or 1-800-292-5920  
 FAX: (509) 886-6510  
 TDD: (509) 886-6512  
 Attention: Safety and Health  
 519 Grant Road  
 East Wenatchee, WA 98802-5459

## Everett

(425) 290-1300  
 FAX: (425) 290-1399  
 TDD: (425) 290-1407  
 Attention: Safety and Health  
 729 100th St. S.E.  
 Everett WA 98208-3727

## Kennewick

(509) 735-0100  
 FAX: (509) 735-0120  
 TDD: (509) 735-0146  
 Attention: Safety and Health  
 4310 W. 24th Ave  
 Kennewick, WA 99338  
 1-800-547-9411

## Longview

(360) 575-6900  
 FAX: (360) 575-6918  
 TDD: (360) 575-6921  
 Attention: Safety and Health  
 900 Ocean Beach Hwy  
 Longview, WA 98632-4013

## Moses Lake

(509) 764-6900  
 Claims/industrial insurance - (509) 764-6912  
 Electrical - (509) 764-6900  
 FAX: (509) 764-6923  
 TDD: (509) 754-6030  
 Attention: Safety and Health  
 3001 W. Broadway Ave.  
 Moses Lake, WA 98837-2907

**Mount Vernon**

(360) 416-3000  
 FAX: (360) 416-3030  
 TDD: (360) 416-3072  
 Attention: Safety and Health  
 525 E College Way, Suite H  
 Mount Vernon, WA 98273-5500

**Okanogan**

(509) 826-7345  
 FAX: (509) 826-7349  
 TDD: (509) 826-7370  
 Attention: Safety and Health  
 1234 2nd Avenue S  
 Okanogan, WA 98840-9723

**Port Angeles**

(360) 417-2700  
 FAX: (360) 417-2733  
 TDD: (360) 417-2752  
 Attention: Safety and Health  
 1605 East Front Street, Suite C  
 Port Angeles, WA 98362-4628

**Pullman**

(509) 334-5296  
 Toll-free 1-800-509-0025  
 FAX: (509) 334-3417  
 Attention: Safety and Health  
 1250 Bishop Blvd SE, Suite G  
 PO Box 847  
 Pullman, WA 99163-0847

**Seattle**

(206) 281-5400  
 FAX: (206) 281-5529  
 TDD: (206) 281-5528  
 Attention: Safety and Health  
 300 W Harrison Street  
 Seattle, WA 98119-4081

**Spokane**

(509) 324-2600  
 Toll-free: 1-800-509-8847 FAX: (509) 324-2601  
 TDD: (509) 324-2653  
 Attention: Safety and Health  
 901 N Monroe Street, Suite 100  
 Spokane, WA 99201-2149

**Tacoma**

(253) 596-3800  
 FAX: (253) 596-3956  
 TDD: (253) 596-3887  
 Attention: Safety and Health  
 950 Broadway Avenue, Suite 200  
 Tacoma, WA 98402-4453

**Tukwila**

(206) 835-1000  
 FAX: (206) 835-1099  
 TTY/Voice (206) 835-1102  
 Attention: Safety and Health  
 PO Box 69050  
 12806 Gateway Drive  
 Seattle, WA 98168-1050

**Tumwater**

(360) 902-5799  
 FAX: (360) 902-5792  
 TDD: (360) 902-4637  
 Attention: Safety and Health  
 1st Floor, Lobby  
 Mailing address: PO Box 44851  
 Olympia, WA 98504-4851  
 Physical address: 7273 Linderson Way SW  
 Tumwater, WA 98501-5414

Please note: The physical address for our Tumwater building is not for U.S. Postal Service mail (unless specifically requested by USPS). Using this address may significantly delay delivery.

**Vancouver**

(360) 896-2300

FAX: (360) 896-2345

TDD: (360) 896-2304

Attention: Safety and Health

312 SE Stonemill Dr, Suite 120

Vancouver, WA 98684-3508

**Walla Walla**

(509) 527-4437

FAX: (509) 527-4486

TDD: (509) 527-4172

Attention: Safety and Health

1815 Portland Avenue, Suite 2

Walla Walla, WA 99362-2246

**Yakima**

(509) 454-3700

Toll-free 1-800-354-5423

FAX: (509) 454-3710

TDD: (509) 454-3741

Attention: Safety and Health

15 W. Yakima Avenue, Suite 100

Yakima, WA 98902-3480

**This address can help you obtain MSDSs:**

Department of Labor and Industries

Right-to-Know Program

P.O. Box 44610,

Olympia, Washington 98504-4610.

**Written requests for translations should be directed to:**

Department of Labor and Industries

Right-to-know Program

P.O. Box 44610

Olympia, Washington 98504-4610.

**Employee representatives can mail complete their completed Form F418-023-000, Request for copy of Citation and Notice, to:**

Department of Labor and Industries

P.O. Box 4460

Olympia, Washington 98504-4600

**Individual employees may request copies of a citation and notice by mailing or faxing a request to:**

Department of Labor and Industries

Public Disclosure

P.O. Box 44632

Olympia, Washington 98504-4632

Facsimile: (360) 902-5529

**You can request copies of WISHA Safety and Health Inspection Reports at:**

7273 Linderson Way SW

Tumwater, WA 98501

**Your request for any inspection reports should be mailed to:**

P.O. Box 44632,

Olympia, WA 98504-4632.

**You can mail requests for appeals to:**

Department of Labor & Industries

WISHA Appeals

PO Box 44604

Olympia, WA 98504-4604

**You can fax requests for appeals to:**

(360) 902-5581

# Guide for an Accident Prevention Program that Complies with the Rule -Part 1

<b>A</b> <b>APP Core Rule Requires:</b>	<b>B</b> <b>To Help You Comply, You Need To Have:</b>	<b>C</b> <b>Tools, Samples, Templates, Clarification &amp; Other Links</b>
<b>(WAC 296-800-14005)</b> You develop a <b>formal Accident Prevention Program that is outlined in writing</b>	<b>Note:</b> A ▼ indicates that this must be in writing. ▼ A written program in outline or detailed form ▼ Program that covers how and when to report injury or illness, including instructions as to the location of first-aid facilities ▼ Program covers the use and care of personal protective equipment (PPE) ▼ Actions in the event of potential emergencies, including exit routes during emergencies ▼ A description of your program as to how it is to keep the workplace safe. ▼ On-the-job review of the practices necessary to perform the initial job assignments safely. ▼ How to report unsafe conditions and practices. ▼ Identification of hazardous gases and instructions on safe use etc.	<ul style="list-style-type: none"> <li>• Sample of a written APP in an outline form is on page 19</li> <li>• Sample of a model APP is on page 22</li> <li>• A worksheet for evaluating an APP is on page 66</li> </ul>
Your program must be <b>tailored</b> to the needs of the particular workplace or operation and to the type of hazards involved.	A program with systems or procedures for recognizing the hazards in the workplace AND putting in place appropriate prevention or control measures.	Sample programs, forms, or templates from this document must be tailored or customized to address the hazards in your workplaces that are not covered in the sample programs, forms or templates.
<b>Your program must contain, at least, the following elements:</b>		
<b>Employee Safety Orientation on:</b>  Description of the total safety program	▼ A description of the program to include information about: ▼ What the program consists of with regards to the employee safety orientation and what's covered, and existence and role of the safety committee, if applicable. ▼ General safety rules that all employees must follow. ▼ Specific safety rules on specific operations in the workplace.	<input type="checkbox"/> Accident Prevention Program, WAC 296-800-140 (Section of WISHA Core Rule) <input type="checkbox"/> Samples of a written APP Program on page 19 and 22
You have an on-the-job review of the practices necessary to perform the initial job assignments in a safe manner	<ul style="list-style-type: none"> <li>• Procedures or statements indicating that employees will be trained on how to do the job safely and on the safe use of PPEs, if required, BEFORE employees are assigned the tasks for the job.</li> <li>▼ Statements emphasizing that employees not use equipment or attempt to do any of the tasks to be assigned until employees receive the required training.</li> </ul>	Personal Protective Equipment, WAC 296-800-160 (Section of WISHA Core Rule)
How and when to report injuries and instruction about location of first-aid facilities	▼ Procedure on reporting workplace injuries. ▼ Instructions about the location of first aid facilities. • A listing of emergency phone numbers.	<input type="checkbox"/> Employee Responsibilities, WAC 296-800-120 (Section of WISHA Core Rule) <input type="checkbox"/> First Aid, WAC 296-800-150 (Section of WISHA Core Rule) <input type="checkbox"/> Accident Reporting, 800-320 (Section of WISHA Core Rule)
How to report unsafe conditions and practices	▼ Procedure on how employees may report unsafe conditions and practices.	A form for reporting unsafe conditions and practices, page 62
Use and care of required Personal Protective Equipment	▼ Procedure on how to use and care for personal protective equipment (PPE). • Statement regarding training on the use of PPE before issuance or use.	<input type="checkbox"/> Personal Protective Equipment, WAC 296-800-160 (Section of the WISHA Core Rule)

Continues

## Guide for an Accident Prevention Program that Complies with the Rule -Part 2

A APP Core Rule Requires:	B To Help You Comply, You Need To Have:	C Tools, Samples, Templates, Clarification & Other Links
What to do in an emergency, including how to exit the workplace	▼ Procedures for potential emergencies, such as fire, earthquake, or others.	<input type="checkbox"/> Emergency plans and fire prevention plans, WAC 296-24-567, if required in your industry, see page 57. <input type="checkbox"/> Exit Routes and Employee Alarm Systems, WAC 296-800-310 (Section of the WISHA Core Rule).
Identification of the hazardous gases, chemicals or materials used on the job and instructions on the safe use and emergency action to take following accidental exposure.	<ul style="list-style-type: none"> <li>• Statement about the location of the chemical inventory.</li> <li>• Statement as to where and how employees find information on the chemicals used in the workplace.</li> </ul> ▼ Procedures on how to safely use hazardous chemicals and actions to take in the event of accidental exposure. ▼ List of hazardous gases, chemicals or materials used on the job.	<input type="checkbox"/> Employer Chemical Hazard Communication, WAC 296-800-170 (Section of the WISHA Core Rule). <input type="checkbox"/> A sample Chemical Hazard Communication Program is on page 53.
<b>A designated safety committee (required if you employ 11 or more)</b> <b>OR see next row below</b>	▼ A description of the existence of a safety committee and its activities regarding: ▼ Membership (number of management representatives and employee representatives) ▼ How the committee representatives are elected and their tenure as committee members ▼ When meetings are held, how minutes are kept	Safety Committees and Safety Meetings, WAC 296-800-130 (Section of the WISHA Core Rule).
<b>Employee safety meetings: Employers with 10 or fewer employees or employers with 11 or more employees who are segregated on different shifts or work in widely dispersed locations in crews of 10 or fewer may elect to have safety meetings instead of a committee.</b>	▼ Statement about the monthly employee safety meetings as described in WISHA regulations (WAC 296-800-130) ▼ When the meetings are held and the statement requiring all employees to attend. ▼ A statement as to the designation of a person to document attendance and the topics discussed during the meeting.	Safety Committees and Safety Meetings, WAC 296-800-130 (Section of the WISHA Core Rule)
<b>WAC 296-800-14020</b> You develop, supervise, implement, and enforce safety and health training programs that are effective in practice.	<b>A training program with at least the following characteristics (and perhaps more depending on the circumstances):</b> <ul style="list-style-type: none"> <li>• Training on equipment for all employees before they are assigned to operate it.</li> <li>• Refresher training.</li> <li>• All necessary safety training, including (but not limited to) training on personal protective equipment, lockout/tagout, hazard communication, forklift operations and any others that might apply to your operation.</li> <li>• Demonstrations by employees that they understand the training and can apply it.</li> </ul>	Sample APPs on pages 19 and 22
<b>WAC 296-800-14025</b> You make sure that your Accident Prevention Program is effective in practice.	<b>Taken steps to:</b> <ul style="list-style-type: none"> <li>• Ensure that workplace hazards are identified.</li> <li>• Determine how recognized hazards can most effectively be eliminated and then eliminate them.</li> <li>• Provide necessary training and equipment.</li> <li>• Ensure work practices on safety procedures are actually followed.</li> </ul>	A worksheet in determining the effectiveness of the program is on page 66.  Sample APPs on Pages 19 and 22.

# Guide for an Accident Prevention Program that Goes Beyond Compliance-Part 1

Elements	MANAGEMENT COMMITMENT TO SAFETY	EMPLOYEE INVOLVEMENT	HAZARD RECOGNITION	HAZARD PREVENTION AND CONTROL	EMERGENCY PLANNING	SAFETY TRAINING AND EDUCATION
As Demonstrated By:	<ul style="list-style-type: none"> <li>Written safety and health policy</li> <li>Safety goals and objectives</li> <li>Assigned safety responsibilities and accountability</li> <li>Program review to measure effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Employees help identify and correct safety problems.</li> <li>Safety communication systems in place such as committees, bulletin boards, etc.</li> <li>Policy includes encouragement of employees to participate in safety activities and decisions.</li> </ul>	<ul style="list-style-type: none"> <li>Work-related injuries and illnesses reporting system</li> <li>Maintenance of a work related injuries and illness log; reviewed for trends.</li> <li>A schedule for regular workplace self-inspections.</li> <li>A procedure for accident investigation.</li> <li>Job hazards analysis system in place.</li> </ul>	<ul style="list-style-type: none"> <li>Policy to use the most effective way to eliminate or control a hazard.</li> <li>A list of general safety rules.</li> <li>Personal protective equipment requirements for use and care.</li> <li>Pre-job assignment safety training.</li> <li>A disciplinary policy for unsafe behavior.</li> <li>A record keeping system and policy on equipment preventive maintenance.</li> <li>Specific hazard control programs for particular work conditions. eg: Chemical hazard communication, lockout/tag-out, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Plans for emergencies that could happen at your workplace.</li> <li>Coordinating with the fire department about unique emergency issues at your worksite.</li> <li>First aid kits conveniently available at all work locations.</li> <li>A plan for providing prompt first aid care to injured employees.</li> <li>Information on location of first aid facilities.</li> <li>Emergency plan drills to test their effectiveness and to train employees.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of training for new employees, contract or temporary workers, employees working in high hazard or special hazard areas; training on PPE use.</li> <li>A new-hire safety check list for supervisors to use.</li> <li>A training record system.</li> <li>Training program outlines or lesson plans to assure consistent training.</li> </ul>
Why This Element is Important	<ul style="list-style-type: none"> <li>Any program without management support is likely to fail</li> <li>Policy clarifies the reason for having a program</li> <li>Policy indicates both management and employees commitment to safety.</li> </ul>	<ul style="list-style-type: none"> <li>Employees are most in contact with potential safety and health hazards.</li> <li>Employees are more likely to support and use programs in which they have input.</li> <li>Employees who are encouraged to offer ideas are more likely to be satisfied and productive on the job.</li> </ul>	Unless workplace hazards are identified, it will be difficult to eliminate or control them.	After you recognize the hazards, you need to decide on how to eliminate or control them.	<ul style="list-style-type: none"> <li>Emergency plans are designed to minimize injuries or property damage in the event of an emergency by:               <ul style="list-style-type: none"> <li>Establishing what management and employees do</li> <li>Providing medical response plans</li> <li>Training management and employees on the emergency plan</li> </ul> </li> </ul>	After policy, goals, objectives are set, managers, supervisors, and employees should be trained on what they need to do relative to your APP.

chart continues on next page

Continues

## Guide for an Accident Prevention Program that Goes Beyond Compliance-Part 2

Why This Element is Important	<b>MANAGEMENT COMMITMENT TO SAFETY</b> <ul style="list-style-type: none"> <li>• Policy provides clarification when there is conflict in safety priorities.</li> </ul>	<b>EMPLOYEE INVOLVEMENT</b> <ul style="list-style-type: none"> <li>• Employees provide wider field of experience in preventing accidents.</li> </ul>	<b>HAZARD RECOGNITION</b>	<b>HAZARD PREVENTION AND CONTROL</b>	<b>EMERGENCY PLANNING</b>	<b>SAFETY TRAINING AND EDUCATION</b>
<b>Tools, Sample Programs and Forms You can Use.</b>  Remember: these must be tailored to your industry or operation.	Safety policy statement on page 22  Sample program on page 22  APP Self-Assessment form on page 32	Employee safety responsibility on page 23  Sample program on page 22	Recordkeeping Policy Page 24  Self-Inspection Procedure on Page 26  Injury/Incident Investigation Policy and Procedure on Page 25  Minor Injury Log on page 36	Hazard Prevention and Control Policy on Page 26  Basic Safety Rules on Page 26  Job-related Safety Rules And PPE Requirements on Page 27  Disciplinary Policy on Page 29  Equipment Maintenance Record Policy on Page 29  List Of WISHA Written Program Requirements on Page 56	Emergency Procedures on page 29	New Employee Orientation Checklist, Resource page 70  Employee Training Record Form Resource page 64  Training Program Outline page 31